| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | 72-00 × 4086 |
| County Washington | Registration Dist. No. 8 307 |
| Village or City Mt Britan | NoSt., Ward |
| Length of residence in cito or town where deaffrequired 5 vrs. 10 mos | death occurred in a hospital or institution, give its NAME instead of street and number) |
| ellere A . O De | How long in U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME XIMMS & Januar III | X |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (wrist he word) | 21. DATE OF DEATH |
| Malu Mille Single | (Month) (Day) (Yeer) |
| 5a. If merried, widowed, or divorced HUSBAND of | 22. A HEREBY CERTIFY. That I attended deceased from |
| (or) WIFE of Sonof Niber Moboll | Feb. 6 1936 to Teb. 6 1936 |
| 6. DATE OF BIRTH (month day, and year) Field - 1931 | I last saw h lene elive on Fet. 6 1936; death is said |
| 7. AGE Years Months Deys If LESS than | to heve occurred on the date stated above, et |
| 5 lady,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER RODKKEPEPR att. | Datavivnest |
| Ontri Enj Dobitite Enj Otti | taito lymphatic leukemia. |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceayed last worked at this google for the google for the second last worked at this google for the second last worked at the second last worked last worked at the second last worked last worked at the second last worked at the second last worked last worked at the second last worked las | mus apripule centence. |
| 1D. Date deceased last worked at this occupation (month and spant in this | |
| year) occupation occupation | Dther Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) Rothern wylly ma | Differ South States of Amportance. |
| (State or coderity) | |
| 13. NAME A William Wood 14. BIRTHPLACE (city or town) Robins willing ma | |
| 14. BIRTHPLACE (city or town) | Name of operation Date of |
| | What test confirmed diegnosis? Was there an au'opsy? |
| E Dedante ille | 23. If death was due to external causes (VIDLENCE) fill In also the following: |
| O 16. BIRTHPLACE (city or town) (Service) (State or equality) Figure (O) | Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? |
| 17. INFORMANT & Wilber abbott | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| (Address) Rolling villy Mid | |
| 18. BURIAL, CREMATION, OR REMOVAL | Menner of injury |
| Place Date Date D., 19-36 | Nature of injury |
| 19. UNDERTAKER C & Sumant Co | 24. Wes disease or injury in any way related to occupation of deceased? 24. |
| (Address) Knudysville Ma | If so, specify |
| 20. FILED 2 - 7 - 1936 Mil / Katherine Dogenhart | (Signed) |
| / Registrat. | (Address) October 2000. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 7 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis MAR 5 1936 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial neghritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage V. S. | July 5, 1927 | Peritonitis | 3 days ago |
| The state of the s | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| | ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
|---|--|
| • | |
| | |

V. S. No. 1

TION is very important. See instructions on back of certificate.

| STATE (| OF | MARYL | AND- | CERTIFI | CATE | OF | DEATH |
|---------|----|-------|------|---------|------|----|-------|
|---------|----|-------|------|---------|------|----|-------|

| 1. PLACE OF DEATH | 93-6) |
|---|---|
| County 26 ashington. | Registration Dist. No. 30 2 |
| Village or City Hage Stown | No. 410 Mutchell Oust 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred 30 yrs | |
| 2. FULL NAME Sarah M. Bara | hast If U. S. Veteran, specify WAR |
| (a) Residence: No. 410 Mutchell aw (Usualplace of abode) | St., St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE. OR DIVORCED (write the word) | 21. DATE OF DEATH 2 2 5 (Month) (Day) (Year) |
| 5a. If mergied, widowed, or divorced HUCBANO of | |
| (or) WIFE of Henry E. Barnhart | 22. I HEREBY CERTIFY, That I attended deceased from 19 34, to 20 19 36 |
| 6. DATE OF BIRTH (month, day, and year) March 31-1869 | I last saw h 12 alive on dely 74/, 1936; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| 71 1 6 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: Oate of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, at Home | Onto it vision |
| - SAWIER, DOUNNEEPEN, etc. | arlena Leros |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | Chistrice My D carddy |
| 0 10. Oate deceased last worked at 11. Total time (years) | |
| this occupation (month and spent in this occupation year) | |
| nut alta | Other Coutributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| A 0 | |
| E MIT CUT | |
| 44. BIRTHPLACE (city or town) (State or country) | Name of operation Date of |
| | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIOEN NAME dida Sunder. 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| O 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? |
| (State of country) | Where did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT All of by Lundham (Address) Hagelandown may | Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL. | Manner of injury |
| Place B New Juille Oate / 27, 1936 | Nature of injury |
| 19. UNDERTAKER 6-M. Suter Sons | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILEO 2 - 27 - 19 86 May 13 ower | If so, specify (Signed) (Signed) M. D. |
| Registrar. | (Address) / a' for Alawn My |
| If more blanks are maded address Seate Parish and | A Chair San Pair P GI C N |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | | Example II | | |
|--|---|---------------|--|---------------|--|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | MAP 6 1936 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial neg | hritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | * a v Fru V. S. | July 5,1927 | Peritonitis | 3 days ago | |
| | | N | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| 11 11 11 11 11 11 11 11 11 | | | | | |
| | | 1 | | | |

PHYSICIANS should state Orth. Every item of infor-Exact statement of OCCUPAstated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT classified. JARGIN RESERVED FOR BINDING of certificate. properly AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. WRITE PLAINLY,

TION is very important. See instructions on back

19. UNDERTAKER (Address)

| STATE | OF MAR | YLAND- | CERTIFICATE OF DEATH | |
|--|----------------|--|---|-----|
| 1. PLACE OF DEATH | | | (3) | |
| County Washingto | n | 3 4 | Registration Dist. No. 30 2 | |
| Village or City Hagers | | 7.1 | No. 646 N. LOCUST Street St. — Wa death occurred in a hospital or institution, give its NAME instead of street and number) | |
| Langth of residence in city or town when 2. FULL NAME Bertie | daath occurred | yrsmos | ds. How long In U.S. if of foralgn birth?yrsmos If U. S. Veteran, specify WAR | ds. |
| (a) Residence: No. 646 N | Locust | Street | St., Ward. | |
| | (Usual place | of abode) | / If nonresident give city or town and State | _ |
| PERSONAL AND STATIS | TICAL PART | ICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE White | | tRIED, WIOOWED, D (write tha word) | 21. DATE OF DEATH February 15, 1936. (Month) (Dey) (Yeer) | |
| 5a. If marriad, widowad, or divorcad HUSBANO of Herman L | Bond | | 22. 2-1 HEREBY CERTIFY, Thet I attended degeased fr 2-1-35 19 to 2-15-36 19 | om |
| 6. DATE OF BIRTH (month, day, and year) | | 1876 | i last saw h elive on 4:00Pm; death is s | |
| 7. AGE Years Months | 0 eys | If LESS than 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Home Wo | | Oate of one | 24 |
| 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. | | | | |
| 10. Data deceased last worked at this occupation (month and year) | Sp6 | time (yaars) ent in this upation | | |
| 12. BIRTHPLACE (city or town) Harpe (State or country) W. | ers Ferr | У | Other Contributory Causes of Importance: | 74 |
| I Tomas Tarrel | | | Topinismue from mon 1/3 | -/- |
| 13. NAME JAMES LOYER 14. BIRTHPLACE (city or town) (State or country) | ers Fer | ry | Name of operetion Dete of Was there an autopsy? | |
| 置 15. MAIOEN NAME Unknown | 1 | | 23. If death wes due to externel causes (VIOLENCE) fill in also the following: | |
| 15. MAIOEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) | Unknown | | Accident, suicide, or homicide?Oate of Injury,19 Where did Injury occur? | *** |
| 17. INFORMANT Herman I.] (Address) Hagerstown | | | (Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, 1 | Id.oata Feb | . 18,,19 36 | Manner of injury | |
| 19 UNDERTAKED Fred W. KI | raiss, | | 24. Was disease or injury in any wey related to occupation of decaased? | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

if so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | Example I | | Example II | |
|--|--|---------------|--|---------------|
| The principal cause of importance were a | of death and related causes s follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1936 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nepl | iritis MAR 6 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | U.C. | July 5, 1927 | Peritonitis | 3 days ago |
| | 0.10 | 2 | | |
| Other contributory ca | nuses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | 93-6 |
| County Washing long | Registration Dist. No. 300 |
| Village or City Sharfes burg Md | NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in ity or town where death occurredyrs | |
| 2. FULL NAME Mary Marina B | ond |
| (a) Residence: No. Shaffel burg M.d. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Thurty Marriago The word of the word) | 21. DATE OF DEATH 2 22 ,193.4 (Month) (Day) (Year) |
| 5a. If married, widowad, or divorced | (munta) (pay) (1661) |
| HUSBAND OF Greaton H Bond | 22. I HEREBY CERTIFY, That I attended decessed from 4 2 2 1936, to 3 2 2 1936 |
| 6. DATE OF BIRTH (month, day, and year) Aug 8 - 1902 | I last saw h; deeth is said |
| 7. AGE Years Months Days If LESS than | to have occurred on tha date stated above, at 10 23 pm. |
| 33 6 /5 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: |
| 8. Trada, profession, or particular kind of work done as SPINNER | Aporto of |
| kind of work done, as SPINNER, House Mife | Tothrees Deformany. 1928 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased lest worked at 11. Total time (years) | Throng sujocarales 1930. |
| SAW MILL, BANK, etc | <u>[</u> |
| 11. Total time (years) this occupation (month and year) year) 12. Total time (years) spart in this occupation | |
| Quantile - | Other Contributory Causes of importanca: |
| 12. BIRTHPLACE (city or town) | Anhowa Hemorranea 4/21/11 |
| | The property of |
| E 90 001 | |
| 14. BIRTHPLACE (city or town) Swants Ward (State or country) | Name of oparation Data of |
| | What tast confirmed diagnosis? Was there an au'opsy? |
| 15. MAIDEN NAME Halling & Showe 16. BIRTHPLACE (city or town) Sharfus berny | 23. If death wes due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19 |
| - (State of county) | Where did injury occur?(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 17. INFORMANT Tallon H Songe Harris Gu | Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Haggistown | Withelat Injury |
| Place Charles burg Date 2 = 25, 1936 | Natura of injury |
| 19. UNDERTAKER Ch Sulman + Co (Address) Krandy svilly ma | 24. Was diseasa or injury in any way related to occupation of decaased? |
| 20. FILED 754, 1936 Earl Berg are Registrar. | (Signed) Walter H. She style M. D. (Address) Shurfisture Try of M. D. |
| | 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | Example 1 | i | Example 11 | |
|--|---------------------------------|---------------|--|---------------|
| The principal cause of of importance were as | doth and related causes follows | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | ALL STATES | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephra | itis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | MAR 7 1930 | July 5,1927 | Peritonitis | 3 days ago |
| | BUN AU V. S. | - 011 | | |
| Other contributory cau | ses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT IS stated EXACTLY. properly classified. FOR BINDING See instructions on back of certificate. ARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be nation should be carefully supplied. TION is very important. WRITE PLAI

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 20190 |
|--|---|
| 1. PLACE OF DEATH | (3) |
| county Washington | Registration Dist. No. 302 |
| Village or City Hagerstown - | No. 32 S Citche A wg St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME David Allen Doste | Hey. If U. S. Veteran, specify WAR |
| | _ St., 5 Ward. / If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) VV i C Duley | 21. DATE OF DEATH (Month) (Day) (Yeer) |
| 5a. If married, widowed, or divorced | (months) (bay) (reel) |
| HUSBAND of (or) WIFE of Della. | 22. I HEREBY CERTIFY. Thet I ettended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Fehr. 1-1868 | I last saw have alive on of the 1974; deelh is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date steted above, at |
| 68 - 78 · 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: |
| 8. Trede, profassion, or particular kind of work done, as SPINNER, Q Y MeV | |
| A lndustry or business In which | m. /// |
| work was done, as SILK MILL, Ketive ol. | MAI Theres I too |
| this occupation (month and year) year) 11. Total time (years) spent in this occupation occupation. | |
| 12. BIRTHPLACE (city or town) Hage YStown | Other Contributary Canses of Importence: |
| (Stata or country) | |
| 14. BIRTHPLACE (city or town) Hage rateur. | |
| 14. BIRTHPLACE (city or town) HQQQX3town. | Name of operation |
| (State of Country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Barbara A. Sprecher | 23. If death wes due to external causes (VIOLENCE) fill in elso the following: |
| O 16. BIRTHPLACE (city or town) | Accident, suicida, or homicide? Dete of injury, 19 |
| 100 and 1 11 Th There was | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT THAT TON 13. 13. 05TETTEY (Address) Hager Stown, Lud | Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Menner of injury |
| Place Troad fird ing Date 22, 1936 | Nature of injury |
| 19. UNDERTAKER H. R. Crybuau (Address) | 24. Was disease or injury in any way related to occupation of decastad? |
| 7 - 20 - 7/ /2/ /// | (Signed) To Dutte M. D. |
| 20. FILED 19 19 19 19 19 19 19 19 19 19 19 19 19 | (Signed) M. D. (Address) M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | -11 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis 🐪 🛊 🥒 🗸 . S. | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | Faly 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1) | 11 | 3 | 7 |
|----|----|----|----|
| 74 | U | J. | á. |

| 1. PLACE OF | F DEATH | | | |
|-------------------------------------|--|------------------------------|-----------------------------------|---|
| County | Washington | n | | Registration Dist. No. 300 |
| Village or C | Antiet: | am | | Registration Dist. No. |
| | , | *** *** *** *** | (1 | If death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of resi | dence in city or town where | | yeslie mo: | sds. How long in U.S. if of foreign birth?dsds. |
| 2. FULL NAI | MEIrvi | n Eugene | Boyer | If U.S. Veteran specify WAR. |
| (a) Residen | ce. No | | | St., Ward, |
| (-, | ce: No. Same | व हैं। जा निर्देश | di abode) | If nonresident give city or town and State |
| PERSON | AL AND STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH |
| male male | 4. COLOR OR RACE White | 5. SINGLE, MAR OR DIVORCE | RIED, WIDOWED. D (write the word) | 21. DATE OF DEATH Feb. 20, 1936 |
| 5a. If marriad, widow | ed, or divorced | 1 | | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of | XXXXXXXX | x x | | 22. I HEREBY CERTIFY, That I ettended deceased from |
| | | | | File. 18 ,1936, 10 Feb 20 ,1936. |
| 6. DATE OF BIRTH | month, day, and year) | Dec. 2 | 3.1935 | I last saw h 114 alive on 7-4 19 196 ; death is said |
| 7. AGE Yaar | rs Months | Days | If LESS than | to have occurred on the date stated above, at 2.30 A. M. |
| V V | / 1 | 29 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: |
| 8. Trade, profas | sion, or particular ork dona, as SPINNER, | XXXXXX | | Thougho - presentania Jul 19-36 |
| | BODKKEEPER, etc businass in which | | | The bronche paluanonial was primarife |
| | dona, es SILK MILL, L, BANK, atc | XXXXXXX | xx | Cuta. 1 |
| 10. Data decease | | 11. Totei t | ime (years) nt in this | Not posseded by mensless, on one offer |
| yauty | | | apation | Dthar Contributory Causes of importanca: |
| 12. BIRTHPLACE (city (State or coun | y or town) | letam M | Q. | - none |
| ™ 13. NAME Ca | rl Boyer | | | |
| 13. NAME Ca. | (-lau lau) | | | 7 |
| 14. BIRTHPLACE (Stata or | country) Ant | letam | | Nama of operation Date of Date of |
| 15. MAIDEN NAN | Thelma. | McCoy | | What tast confirmed diegnosis? Charles Was there an au'opsy? W |
| I | | | | 23. If deeth was due to axternal causes (VIOLENCE) fill in also the following: |
| Stata or | (city or town)Chest; | nut-Grov | e <u>Wd</u> | Accident, suicide, or homicide? |
| | | | | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT | Mrs Carl B | | | Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATI | ntietam | Md | | |
| | sburg Md | Data Fe | h 22 10 36 | Mannar of injury |
| | Ibert Leaf | Data & -C. | بذار ـ ـ ـ 13 . ـ ـ عا ـ عا ـ عا | Natura of injury |
| 19. UNDERTAKER | Williamspor | t | /d | 24. Was disaasa or injury in any way related to occupation of decaased? |
| 2/. | 11 8 | 41Ba | | If so, specify (Signed) |
| 20. FILED. | 10.6 | Tue | Register. | (Signed) Boorohow M.D. |
| | ** | | Megintal. | (Mulicas) |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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| 1915 1921 | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
|--|--|--|
| 1 | | 1 week ago |
| 1921 | D 7 | |
| | Run over by street car | 1 week ago |
| uly 5,1927 | Peritonitis | 3 days ago |
| 4 | 69 | ETE |
| 1 | | |
| | Other contributory causes of importance: | |
| Tay 1,1923 | Gastroenteritis | 1 year |
| | | |
| | | |
| The second secon | | Other contributory causes of importance: |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHISICIAN | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |

DIMINAL CDACE BOD BUDGUED OF AMENDAMO BY DUVOLOLA

Exact statement of OCCUPAstated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAN

V.S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 2002 |
|--|---|
| 1. PLACE OF DEATH | <u> </u> |
| County Washington | Registration Dist. No. 302 |
| Village or City Laguatown | No. Beline 1/one St. 5 Ward |
| Length of residence in city of jown where death occurred 11 the most | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Sylvesta Brown | M If U.S. Veteran specify WAR. |
| (a) Residence: No. And Charles of abode | St. Ward. X If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Yeer) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mulanon | 22. I HEREBY CERTIFY. That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) | liest taw h. Leen elive on Fib 1936; deeth is said |
| 7. AGE Years Months Days If LESS than 1 dey, | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: |
| 8 Trade profession or particular | Date of one et |
| kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which | Tudden death probably |
| Mork wes done, as SILK MILL, | |
| 10. Date deceased last worked at this occupation (month and pear) | Cerebral Memortrage - apaples |
| 12. BIRTHPLACE (city or town) Cumbuland (State or country) | Other Contributory Causes of importance: |
| | Medicing a gran |
| Ŧ. | Decemberty |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation |
| 15. MAIDEN NAME | 23. If death wes due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? |
| 17. INFORMANT M Zaid Long (Address) | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Piece Loguston Date Let 24, 1936 | Manner of injury |
| 19. UNDERTAKER Sent 7. Minnight Son (Address) Hogustown mad | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED 7/2-7, 1936 Charf Bown. Registrar. | (Signed) M.D. Completel W.D. (Address) Hargarahan M.D. |
| | 4 |

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis 4. 6 1300 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

2093

| SIAIE | OF MAK | ILANU- | CERTIFICATE OF DEATH |
|--|---------------------------|--------------------------------------|--|
| 1. PLACE OF DEATH | , | | |
| County Maching | low | | Registration Dist. No. 38 2 |
| Village or City Hadler | 2 | Na. 1:1 | al |
| Village of City2 | | (1 | f death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town wi | here death occurrad | yrsmg | s ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME (aux | wett ms | Buch | man. / Fellows |
| (a) Residence, No. | Mussel | o The | CX / Ward 21X- |
| (a) hesidence. No. | (Usual place | of abode) | St. Ward. If nonresident give city or town and State |
| PERSONAL AND STATE | STICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE | | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH |
| Temale your | Sm | gle | (Month) (Day) (Yaar) |
| 5e. If married, widowed, or divorced HUSBAND of | 0 | | 22. HEREBY CERTIEV That I stranded deceased from |
| (or) WIFE of | ~ | | The strenged deceased from |
| S DATE OF BIRTH 9 -21- 193 | × | | 1 tast saw 1 delive on 2 2 1936 death legald |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months | s Oays | if LESS than | , |
| / 5 | | 1 day,hrs. | to have occurred on the data stated above, et. 2.20m. The PRINCIPAL CAUSE OF DEATH end related causes of importance |
| 9 Trade profession as particular | | ormin. | ware as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | _ ~ \ | | |
| SAWYER, BOOKKEEPER, atc | | | |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | | - | Por Jose Mu premientes |
| 10. Date deceesed last worked at | 11. Totel ti | me (yeers) | Child had note been sick, free |
| this occupation (month and year) | | ntin this pation | monstye lenter. |
| 12 PIPTUPI ACT (SIMON AND COL | une ville | | Other Contributory Causes of Importence: |
| 12. BIRTHPLACE (city or town) (State or country) | les mo | 7 | |
| 13. NAME / | 2 13 1 | | |
| | I | , | |
| (Stata or country) | assill | <u> </u> | Nama of operation |
| 15. MAIDEN NAME | 1 | 0 | What tast confirmed diagnosis? Was there an au'opsy? |
| | ac soy | ual | 23. If death was due to externat causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | arfreiste | ruy | Accident, suicide, or homicide? Date of injury, 19 |
| (State of county) | 0.9 | 1 | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Cherry (Address) Coherry | ville t | hrman | Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | 1 - | , 34 . | Manner of injury |
| whotisbing Ceru | y Date Tel | 2 4 1936 | Nature of injury |
| 100 | R 11. | | |
| 19. UNDERTAKER (Address) | tisbur. | me | 24. Was diseesa or injury in eny way related to occupation of daceased? |
| 2-23- 3/1 | Harth | 4.1010 | (Signed) All alle to reason M.O. |
| 20. FILED, 19/6.1 | J. P. J. | Registrar. | (Addrass) A C C S Land M. O. |
| If n | nore blanks are needed, a | | 2471 N Charles Street Belimone Denomina (7) C N |

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|--|---------------|--|---------------|
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| Chronic interstitial nephritis MAD 6 1936 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| * * FILL V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| RMAN RECORD Uld be stated EXACTLY, PHYSI- nay be properly classified. Exact | M |) | -181- | 1001 |
|--|------|-------|---------|---------|
| AAN TIT RECORE | (| 05 | LY, PHY | d .naii |
| ING A De stated y be properly | | ECORU | EXACT | y Class |
| NG NA NG | | R | stared | propert |
| | DING | AAN | eq p | y De |

ee instruction Important. ā CAUSE d state shoul Every Item CIANS sho statement

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital er institution, give Ite NAME instead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED CR DIVORCED (Write the word) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) and that death occurred on the date stated above, at _____ IIf LESS than 7 AGE I day hrs The CAUSE OF DEATH * was as follow ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry pusiness, or establishment in (Duretien) which employed or (employer) ... Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER (Address) 11 BIRTHPLACE *State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER (State or country 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Teans-OF MOTHER ients or Recent Residents) 18 BIRTHPLACE In the At place OF MOTHER (State or country) Where was disease contracted, if not at place of death? usual residence..... ADDREAS If more blanks are needed, addrosa State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 1

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, Spinner, (b) should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, o. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocwhatever, write None. ployed, as At school, or At home. Care should be taken Never return 'Laborer,""Forcman," "Manager," "Dealworked on may form part of the second statement. harer Form laborer, Foreman, For many occupations a single word or term on yrs). without more precise specification as Day Cotton mill; (a) Salesman, (b), (b) Automobile factory. The who are engaged in the duties of the For persons who have no occupation Laborer-Coul mine, etc. Wommaterial Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; "yphoid fever (never report "Typhoid Pneumonia"; "ybar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Scnile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc tions, such as "Asthonia," "Anaemia" (merely symptom. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., el approved by Committee on Nomenclature the commendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite discase Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mcre symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease; nterstitial nephritis, etc. The contributory The nature of the injury, Always qualify al

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

ARGIN RESERVED

classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

-WRITE PLAINLY

TION is very important.

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1 | . PLACE OF DEAT | | | | 107-2 | 20 | 302 |
|--|---|---|--|-----------------------------------|---|--|------------------------|
| | CountyWasn | ington | 78-1-1M179-11 | | 7 - 7 - 80 | Registration Dist. No. | |
| | Village or City Ha | gerstow | n | (10 | No. 122 shington f death occurred in a hospital or institution | County Hos | si, tall ward |
| | Length ot residence in ci | ity or town where d | eath occurred | yrsmos | sds. How long In U.S. it ot to | oreign birth?yrs | ds. |
| 2 | . FULL NAME | | y Ray Bu | | If U. S. Veteran, sp | ecify WAR | |
| | (a) Residence: No | 121 W. | Bethel S (Usual place of | Street | St., S Ward. | If nonresident give city or | town and State |
| | PERSONAL AN | D STATISTI | CAL PARTIC | CULARS | MEDICAL CER | RTIFICATE OF DE | EATH |
| 3. | | R OR RACE | 5. SINGLE, MARK OR DIVORCED Single | (write the word) | | bruary 22, | , 193_6 (Year) |
| 5a. | If married, widowed, or divo HUSBAND ot (or) WIFE of | orced | | | | CERTIFY, That | attended deceased from |
| 6. | DATE OF BIRTH (month, day | y, end year) | an. 29, | 1934 | I last saw hear alive on | Y-Q. 21 | ,1936; death is said |
| _ | AGE Years | Months | Deys | It LESS than | to have occurred on the date stated a | above, at 24m. | |
| | 2 | 0 | 24 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH were as tollows: | and related causes of import | Data of onset |
| OCCUPATION | 8. Trade, protession, or paint of work done, SAWYER, BOOKKEE 9. Industry or business ir work was done, as 3 | as SPINNER, EPER, etc n which SILK MILL, | Infant | | Dioudu | pieuu | |
| סטטרו | SAW MILL, BANK, of 10. Date deceased last work this occupation (moyeer) | rked at onth and | | me (yeers) t in this pation | The branche - Janeau Ownertion : 6 Other Contributory Causes at Imports | is above. eng | AT. |
| 12. | BIRTHPLACE (city or town) (State or country) | Md | 0 | ~~~~ | Other Continuery Causes of Imports | | |
| ER | 13. NAME Charl | es Burn | ett | | | | |
| FATHER | 14. BIRTHPLACE (city or to (State or country) | own) Charl W. Va | es Town | | Name of operation What test confirmed diagnosis? | | |
| ER | 15. MAIDEN NAME H | Mallie M | ason | | 23. If death was due to external ceuse | s (VIOLENCE) fill in elso th | e following: |
| MOTHER | 16. BIRTHPLACE (city or to (State or country) | | leston arolina | | Accident, suicide, or homicide? Where did injury occur? | | |
| 17. INFORMANT Charles Burnett (Address) Hagerstown, Md. | | | | | Specify whether injury occurred in 1 | (Specify city or town, coun NDUSTRY, in HOME, or In F | PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md oete Feb. 24,1936 | | | | | Manner of Injury | | |
| 19 | . UNDERTARER | red W. | | Barrer | 24. Was disease or injury in any wey It so, specity (Signed) | related p occupation of dec | ceased? |
| 20 | FILED 42-, | 19 26 1 | NOV // | Registrar. | (Address) | out | - Tustim. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | il | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Carebral homographes | 1921 | Run over by street car | 1 week ago | |
| Cereoral nemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| WUNEAU V. S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| ADDITIONAL. | SPACE | FOR | RURTHER | STATEMENTS | PV | DHVCICIA | NI |
|-------------|-------|-----|---------|------------|----|----------|------|
| UNDITIONAL | SFAUL | TUR | runinen | STATEMENTS | DI | PHISIUIA | A IN |

2

certificate.

Jo 0

instructions on back

See

TION is very important.

FATHER

MOTHER

Trade, profession, or particular kind of work done, as SPINNER

SAWYER, BOOKKEEPER, etc.

Industry or business in which work was done, as SILK MIL

this occupation (month and

SAW MILL, BANK, etc. Date deceased last worked et

12. BIRTHPLACE (city or town) (Stata or country)

15. MAIDEN NAME

(Address) 18. BURIAL, CREMATION, OR

19. UNDERTAKER (Address)

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town

(State or country)

(State or country)

13. NAME

state

OCCUPAshould of

item of infor-

Every

| CTITE OF MANY AND | -CEPTIFICATE OF DEATH 2096 |
|--|---|
| STATE OF MARYLAND- | -CERTIFICATE OF DEATH |
| 1. PLACE OF DEATH County Washington | Registration Dist. No. 302 |
| Village or City Woodfamb | No. St., Ward [If death occurred in a hospital or institution, give its NAME instead of street and number) St. ward Mos. How long in U. S. if of foreign birth? yrs. mos. ds |
| 2. FULL NAME and W Confenter (a) Residence: No. Woodpaint (Usual place of abode) | If U. S. Veteran, specify WARSt., Ward. |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE Nor DIVORCED ("write the word) Warred Married Ma | 21. DATE OF DEATH Z.A. (Month) (Dey) (Yeer) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Confernter 6. DATE OF BIRTH (month, day, and year) Aug 25 1891 | 22. I HEREBY CERTIFY. Thet i attended deceased from 1976, to 75 ; death is sale |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to heve occurred on the date stated above, at / 2c. f. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance. |

were as follows

Date of onset

or____min.

11. Total time (years)

spent In this

occupation Name of operation What test confirmed diagnosis?. 23. If death was due to externel causes (ViOLENCE) fill in elso the following: Accident, sulcide, or homicide?_____ Where did injury occur?_. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE REMOVAL Manner of injury Neture of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. itto

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | Wight |
|---|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: 6 1930 | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of cpilepsy | 1 week ago |
| Chronic interstitial nephrilis V. S. | 1921 | Run over by street car | 1 wcek ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | 14 4000 | Other contributory causes of importance: | |
| Gaussones | May 1,1923 | Gastroenteritis | 1 year |

V. S. No. 1

t9. UNDERTAKER

(Addrass)

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 2007 |
|--|--|
| 1. PLACE OF DEATH! | |
| 10100h: 1 | 20 307 |
| Michigan Character in the same of the same | Registration Dist, No. |
| Village or City Hage YS TO WY | ND. Y Q.S. N. O. TOSYO: 1 CUSt, Ward (death occurred in a hospital or institution, give its NAME instead of street and number) |
| | 3. ds. How long In U.S. If of foraign birth? yrs. mos. ds. |
| 2. FULL NAME (USSES OCCAY CO) | If U. S. Veteran, specify WAR |
| (a) Residence: No. D. W. So Prospect | St. 2 Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| male White married. | (Month) (Day) (Year) |
| 5a. If marriad, widowed, or divorcad HUSBAND of | |
| (or) WIFE of = \length{z}. | 22. HEREBY CERTIFY. That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) NW19 - 1869 | I last saw h 1 214 aliva on 216 1936; daath is said |
| 7. AGE Yaars Months Days If LESS than | to have occurred on the dete stated above, at |
| 66 1 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca ware as follows: |
| Trade profession or particular | Bron Cho - Prusuone & Date of onset |
| kind of work done, as SPINNER, That in every | |
| 9. Industry or business in which work was done, as SILK MINA | |
| SAW MILL, BANK, atc | |
| this occupation (month end year) - 1444-19-38 spant in this occupation 304-75 | |
| Grallin | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) | acut creonotestu ~ . 11-1936 |
| E 13. NAME Daniel Cole | |
| 620.11 | Name of operation. Date of |
| t4. BIRTHPLACE (city or town) | What tast confirmed diagnosis? |
| # 15. MAIDEN NAME Tame Male | 23. If death was dua to axtarnal causes (VIOL ENCE) fill In also tha following: |
| 16. BIRTHPLACE (city or town) Grayton | Accidant, suicida, or homicida? |
| (Steta or country) | Whare did Injury occur? |
| 17. INFORMANT MYS U.O. COLO | (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Hayers town way | |
| 18. BURIAL OREMATION, OR REMOVAL . W.Va TO | Mannar of injury |
| Place De Y Haley 2/2 may Data of Mry 10, 1936 | Nature of injury |

Registrar.

24. Was disaasa or injury in any way related to occupetion of decaasad?.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis 6 136 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------|---------|------|-------------|---------------|------|---------------|
| TENDERALOTIZED | OI ZKOL | TOIL | T CICLILLIA | DIZILIZINI IN | A) L | T II I DIVINI |

B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | 942 |
| County Washington | Registration Dist. No. 307 |
| Village or City Satoland | No. St. Ward |
| | f death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred 23 yrs | sds. How long in U.S. if of foreign birth?yrs,mosds |
| 2. FULL NAME Jackson Stanewall | - G nder |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That Marie C | 21. DATE OF DEATH 7. 20 , 193 6 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WHE of Mars Martha Couler | 22. HEREBY CERTIFY. That I ettended deceased from |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than | I last sew have alive on |
| 68 10 15 1day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or perlicular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. | Panonay Declusion ? |
| 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc | Cocco |
| 10. Oate deceesed last worked at this occupation (month and 2 40 spart in this occupation corupation | |
| 12. BIRTHPLACE (city or town) Paint of Pocks (State or country) md. | Olher Contributary Causes of importance: |
| 13. NAME alec border | |
| 13. NAME alec Gorder 14. BIRTHPLACE (city or town) Landanaum | Neme of operation |
| (Stete or country) | What test confirmed diegnosis? Was there an au'opsy? |
| 15. MAIDEN NAME Berthan Gordon | 23. If deeth wes due to externel causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) Anknown (Stete or country) | Accident, suicide, or homicide? Date of Injury, 19 |
| 17. INFORMANT Man Martha Condes! | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Brown Oate Feb. 23 , 19 36 | Manner of injury |
| 19. UNDERTAKER L. L. Suman + Le O. (Address) Karakenelle Md. | 24. Wes disease or injury in any way related to occupation of deceased? |
| 20. FILED Jeh - 21, 1936 Mis Karhenine Jagenhar | (Signed) Tellemo Sunay Reg. M. d (Address) D. M. M. M. M. |
| The many blacks are added to the December of the Control of the Co | |

15 more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 2099 |
|--|---|
| 1. PLACE OF DEATH County IV QSn: ngton Village or City Hagerstown. | Registration Dist. No. 302 No. 2007, Uivginia Name instead of street and number) Ward death occurred in a hospital or institution, give he NAME instead of street and number) |
| 2. FULL NAME Dens' Franklin Crill (a) Residence: No. 2007 Uivaina A (Usual place of abode) | ds. How long In U.S. if of foreign blrth? |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The wide widowad, or divorced 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowad, or divorced | 21. DATE OF DEATH - Lb 4 (Day) (Yaar) |
| (or) WIFE on ary Calterine - | 22. 1 HEREBY CERTIFY, That I attended deceased from 1 - 1 - 36, 19 to 2 - 1 - 36, 19 |
| 6. DATE OF BIRTH (month, day, and year) (9 (1 2 3 7 8 3 6 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 | to have occurred on the date stated above, at 4.30 Me 2.4. The PRINCIPAL CAUSE OF DEATH and related causas of Importance |
| O Irade, profession, or particular kind of work done, as SPINNER. Car peutes SAWYER, BOOKKEPER, etc. 9. Industry or business in which | Cerclinel afaflesy 2-5-36 |
| work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last workad at this occupation (month and yaar) | Other Contributary Causes of importance; |
| 12. BIRTHPLACE (city or town) Hayers town (State or country) 13. NAME Crilley | Chronic Interstated highester 1920 |
| 14. BIRTHPLACE (city or town) + Ce y exstorm (State or country) | Name of operation |
| 15. MAIDEN NAME Mayia Sumau. 16. BIRTHPLACE (city or town) Hayerstown (State or country) | 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? |
| 17. INFORMANT (1 xs. Fletcher, ITtilchell (Addrass) Hagey stoum, will | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL LED THE JULY 1936 | Manner of injury |
| 19. UNDERTAKER A TO COLUMN CALLE | 24. Was disaase or injury in any way ralated to occupation of decaased? |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

9

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis MAR 6 1930 | V915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephrilis | 1921 | Run over by street car | 1 week ago |
| Cercbral hemorrhage | Luly 5,1927 | Peritonitis | 3 days ago |
| Grand Politica Annual of Manual Annual Annua | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | 110 112 |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arterioselerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| (7) | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage WAR 6 1936 | July 5, 1927 | | 3 days ago |
| BURFAU V.S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

certificate.

back

See instructions on

TION is very important.

17. INFORMANT

19. UNDERTAKER

(Address)

(Address)

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

Downsvi

Lindsay

Md

item of infor-

of OCCUPAplnods

| | S | TATE C | F MAR | YLAND- | CERTIFICATE OF DEATH | (1) |
|--------|---|--------------------------|-----------------|------------------|--|-----------------|
| 1 | . PLACE OF DEA | | | | | 2.46 |
| - | 167 - | shingto | n | | Registration Dist. No. 3 | 2 |
| | County | alfway | W.d | | No. 1921 Virginia Ave st | |
| | Village or City | lallway | TAT CT | /16 | NoSt., death occurred in a hospital or institution, give its NAME instead of street and n | Ward |
| | length of residence in c | ity or town where | death occurred | | death occurred in a notification institution, give its IVAIVE instead of street and inds. How long in U.S. if of foreign birth?yrsmo | |
| | | | | | If U.S. Yeteran specify WAR | |
| 2 | . FULL NAME | | | | , | |
| | (a) Residence: No | same | as abor | | St, Ward. | |
| | | | (Usual place | | If nonresident give city or town and | State |
| | PERSONAL AN | | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| | | R OR RACE | 5. SINGLE, MARI | RIED, WIDOWED, | 21. DATE OF DEATH | |
| | female wh | ite | SI | (write the word) | Feb. 2.1936- | (Year) |
| 5a. | If merried, widowed, or dive | orced | | | | |
| | (or) WIFE of | XXXXXXX | | | 22 HEREBY CERTIFY. That attended | deceased from |
| - | | 0.0 | + 76 79 | 450 | June 15" ,1935, to Feb. 2 | 19.36 |
| 6. | DATE OF BIRTH (month, da | y, and year) | t 16, 18 | 559 | fast saw h_en_ alive on Jef. 1, 19 36 | ; death Is said |
| 7. | AGE Years | Months | Days | If LESS than | to have occurred on the date stated above, at 10. A.m. | |
| | 10 | 3 | 1/ | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: | Data of onset |
| 7 | 8. Trade, profession, or p | articu lar | | | | Data of onest |
| PATION | kind of work done SAWYER, BDOKKE | as SPINNER, EPER, etc | Housewor | .K | then extension with. | 6 |
| PAT | 9/Industry or business li work was done, as | n which | | | A knotitial newlastin | 6 |
| O'S | SAW MILL, BANK, | etcCL | t home | | | |
| 00 | 1D. Date deceased last wo this occupetion (mo | rked at Jan | 19361. Total ti | me (years) life | | 02 |
| _ | year) | | | pation | - | |
| | DIRTHDI AGE /-ib. c- As | Pine | sburg M | d | Other Cantributary Causes of Importance: | T |
| IZ. | BIRTHPLACE (city or town) (State or country) | | | | | |
| œ | | el Davi | 8 | | | |
| FATHER | 20. 174112 | | | | |] |
| FAT | 14. BIRTHPLACE (city or t (State or country) | own)-1-rein | 1 9 | | Name of operation | - |
| | | | | | Whet test confirmed diagnosis? Was there an a | utopsy? |
| MOTHER | 15. MAIDEN NAME ME | atilda l | Willer | | 23. If death was due to external causes (VIDLENCE) fill in also the following | : |
| OT | 16. BIRTHPLACE (city or t | own) | | | Accident, suicide, or homicide? Date of injury | , 19 |
| Σ | (State or country) | Downsy | DW alli | | Where did injury cours? | |

Where did injury occur? ___. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury Neture of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Registrar.

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Routsing V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 22710710001070010 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

CAUSE OF DEATH in plain terms, so that it may be B.—WRITE PLAI

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | (M2) V |
| County fashing low | Registration Dist. No. 304 |
| Village or City Hay 2001 | Italicade) St. Ward |
| | f death occurred in a hospital of institution, give its NAME instead of street and number) |
| Length of residence in city of town where death occurredyrsmos | sgs. How long is U.S. if of foreign birth?yrsmosds |
| 2. FULL NAME LEGATILICE STOC | CCCO II DA NEGRATISPECTIFICATION |
| (a) Residence: No. accept (White deliberation & | St., / Wardy Wr. Hancock If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world) | 21. DATE OF DEATH 9, 193 6 |
| 5a. If merried, widowed, or divorced | (Month) (Day) (Yeer) |
| HUSBAND OF CORNEL OF WIFE OF CORNEL | 22. HEREBY CERTIFY, That I attended deceased from |
| The Co | 19 , to , 19 |
| 6. DATE OF BIRTH (month, day, and year) | I last saw h_ alive on; death is sei |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, at |
| 00 0 0 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: |
| 8 Trade, profession, or particular kind of work done, as SPINMEN SAWYER, BDDKKEEPER, or SAWYER, BDDKKEEPER, BDDK | A |
| SAWYER, BDDKKEEPER of the industry or business in which | I love money of |
| work wes done, es SILK MILL, SAW MILL, BANK, etc. | Garage The Control of |
| O. A.O. Dete deceased Ast worked et 11. Total time (years) | 2 Jonath |
| this occupation (months of spent in this occupation | ? |
| The property of the same of th | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | Mariation |
| 13. NAME William Coarl Duce | |
| E STATE OF THE STA | |
| 4 14. BIRTHPLACE (city or town) (Stete or country) | Name of operation |
| | What test confirmed diagnosis? Was there an autopsy? |
| E Culti Journals. | 23. If deeth wes due to external causes (VIOLENCE) fill in also the following: |
| O 16. BIRTHPLACE (city or lown) | Accident, suicide, or homicide? Date of injury |
| and the second | Where did injury occur? (Specify city or town, county end State) |
| 17. INFORMANCIA EN MAR D'ENCEUL | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) 18. BURIAL, CROMANON, OR REMOVAL | |
| Platehobeth la Dete 2 - 12036 | Manner of Injury |
| 100 | neture of mjuly |
| 19. UNDERTAKER (Address) | 24. Wes disease or injury in eny way releted to occupation of deceased? |
| 7 11 31,4 6 00.16 | (Signed) Marger M |
| 20. FILED | (Address) Janebek mil |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

V. S. No. 1

| | STATE OF MARYLAND | CERTIFICATE OF DEATH |
|--------------|--|--|
| 1 | 1. PLACE OF DEATH | 942 |
| | County Charlingtone | Registration Dist. No. |
| | Village or City Torque Common Tellimits | No. 258 Frederick St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| | Length of residance in city or town where death occurredyrsmos. | |
| | 2. FULL NAME Charles Franklin | Dinkle |
| | (a) Residence: No. (Usual place of abode) | Ward. If nonresident give city or town and State |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| | Male White married | (Month) (Day) (Year) |
| | 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Florence & Direct | 22. I HEREBY CERTIFY That I attended deceased from |
| te. | 6. DATE OF BIRTH (month, day, and year) 1 mul - 26 - 1860 | I last sew h alive on |
| ica | 7. AGE Years Months Days If LESS than | to have occurred on the date stated abova, at 2m. |
| certificate. | 70 7 11 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows: |
| | 8. Trede, profession, or particular | |
| Jo: | SAWYER, BOOKKEEPER, atc | monary Juliano |
| back | Hodustry or business in which work was done, as SILK MID and church SAW MILL, BANK, etc. | \ |
| | O 10. Dete dacaasad lest worked at 11. Total tima (years) | |
| s on | this occupation (month end spant in this occupation | |
| one | | Other Contributory Causes of importance: |
| ıcti | 12. BIRTHPLACE (city or town) (State or country) | That the state of the |
| instructions | | Crown against 3213 |
| in | 13. NAME Solve Winkle 14. BIRTHPLACE (city or town) | a ware |
| See | 4 14. BIRTHPLACE (city or town) | Nema of operation |
| | (State of Country) | What test confirmed diagnosis? |
| important. | 15. MAIDEN NAME anna Mary Redmun 16. BIRTHPLACE (city or town) | 23. If daath was due to external causes (VIOLENCE) fill in also the following: |
| orts | [5] 16. BIRTHPLACE (city or town) | Accidant, suicide, or homicide? Date of Injury, 19 |
| u De | (State or country) | Where did injury occur? (Specify city or town, county and State) |
| very ir | 17. INFORMANT Mrs. of lovener &. Dinkle | Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| | 18. BURIAL CREMATION, OR REMOVAL | Manner of Injury |
| is | Place alrunga Century Date tel. 10. 1936 | Neture of Injury |
| TION | 19. UNDERTAKER COM 2. Bast, & Soy | 24. Was disease or injury In any way related to occupation of deceased? |
| 10 | (Address) Broughton md. | If so, specify |
| 0 | 20. FILED 2-7-, 19 Staff Jowen | (Signed) M. D. |
| | Registrar. | (Address) |
| | If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

CEDTICIOATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows. | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| A 5, | > | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

.B. No. 1

TION is very important. See instructions on back of certificate.

1936

Every item of infor-

| CTATE OF MADY AND | CERTIFICATE OF DEATH |
|---|--|
| STATE OF MARYLAND— | CERTIFICATE OF DEATH 2104 |
| 1. PLACE OF DEATH | 95-60 20 |
| County Washing Tor | Registration Dist No. 30 2 |
| Village or City HQQLYSTO un. | No. Vaca Co Hosta talst. 3 Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos. | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Chas Edw Ebbe. | Y 15 If U. S. Veteran, specify WAR |
| (a) Residence: No. 129 W. Franklin | St., 5 Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the vibrd) | 21. DATE OF DEATH |
| male white. Hivorced | (Month) (Day) (Yaar) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. / I HEREBY CERTIFY. That I attended deceased from |
| (or) WIFE of Emma. | 1/1 1936 to 2/2 1976 |
| T.O. 27 -1083 | I last saw h.45. alive on 2/2 ,1936; death is said |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at \$300 m. |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular | were as follows: No y or and whise much tribuse Date of onset |
| kind of work done, as SPINNER, Sheet McCally SAWYER, BOOKKEFPER, etc. | 11 y occurate you mill Partiese Gray ago |
| 9. Industry or business in which | Chaoris myosorditis. Cu&B. |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 11. Total time (years) this occupation month and 935 year) | Awrotion M. Four months. |
| this occupation month and 1935 spent in this 445 | Other Contributory Causes of importance; |
| 12. BIRTHPLACE (city or town) Ulus 12 ridge | Older Controllery Cases of Importance. |
| (State or country) | |
| # 13. NAME John W. Ebberts. | |
| 14. BIRTHPLACE (city or town) Line on 13 ridge | Nama of operation |
| L (State or country) | What test confirmed diagnosis? |
| E 15. MAIDEN NAME Lavina Kess | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) Anison, 12 yidge | Accident, suicide, or homicide? Date of Injury19 |
| ₹ (State or country) | Where did Injury occur? |
| 17. INFORMANT Wiss Mary P. Eb berts | (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. |
| (Address) Hagers to un. w. | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Mayars town. Date 1 mg 1, 1906 | Nature of injury |
| IN LUNDSTAVED A'T' CONT MACO | 24. Was disease or injury in any way related to occupation of deceased? |
| 19. UNDERTAKER (Address) | If so specify A H Land W |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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| Example I | li li | Example II | |
|--|---------------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis 6 1936 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: | 1 |
| | 111 (19 1 , 10 20) | 1 | 1 year |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH | |
|---|---|-----------------|
| 1. PLACE OF DEATH | 93-2 | ,) |
| County Washington | Registration Dist. No. 36 | 27 |
| Village or City Augustoan (If | No. Engleward RandSt., I death occurred in horpital or institution, give its NAME instead of street and n | ward ward |
| Length of residence in city or town where deeth occurred 3 4yrsmos. | ds. How long in U.S. If of foreign birth?mo | sds. |
| 2. FULL NAME I lovence I leagle | If U.S. Veteran specify WAR | |
| (a) Residence: No. En glewood Road. (Usual place of abode) | St., Ward. If nonresident give city or town and | State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced | 21. DATE OF DEATH Full 27 (Month) (Day) | , 193 (Year) |
| HUSBAND of Sommel & Fleagle | 22. I HEREBY CERTIFY, That I attended of | leceased from |
| 6. DATE OF BIRTH (month, day, end year) Unknown | I lest saw her alive on 2-26- 19-6 | ; death Is said |
| 7. AGE Yeers Months Days If LESS than | to have occurred on the dete steted ebove, et 10:034 m. | |
| 78 — 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: | |
| 8. Trade, profession, or perticuler kind of work done, as SPINNER, | | Date of onset |
| SAWYER, BOOKKEEPER, etc. | Chr. Myocapito. | 2/ year |
| 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. | | |
| SAW MILL, BANK, etc | | |
| 12. BIRTHPLACE (city or town) Max Hamistrug (State or country) | Other Contributory Causes of importence: | 4 |
| | andog | |
| 13. NAME John Fleagle | | |
| 14. BIRTHPLACE (city or town) War Harrhy (Stete or country) | Neme of operation Date of | |
| 15. MAIDEN NAME Of the season | What test confirmed diagnosis? Wes there an at | |
| | 23. If death was due to externel causes (VIOLENCE) fill in also the following: | |
| 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? | , 19 |
| 17. INFORMANT Mr. Samil & Flagle (Address) | Where did Injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA | iCE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Laggeration md Dete 71629, 1936 | Manner of injury | |
| 19. UNDERTAKER Scatt 7. Minnih den (Address) Hogustenes med | 24. Wes disease or injury in any wey related to occupation of deceased? | w |
| 20. FILED 2- 28-, 1936 6 Half Bower Registrar. | (Signed) (Address) (Address) | M. D. |
| | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | | Example II | |
|--|-----------------------------------|---------------|--|---------------|
| The principal cause of of importance were as f | death and related causes collows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | SEPTIMENT OF | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephrit | 'is | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | MAR 8 1935 | July 5, 1927 | Peritonitis | 3 days ago |
| | | | | |
| Other contributory caus | ses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER S | STATEMENTS | BY | PHYSICIAN |
|--------------------------------|------------|----|-----------|
|--------------------------------|------------|----|-----------|

TION is very important. See instructions on back of certificate.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH | |
|--|--|---------|
| 1. PLACE OF DEATH | 12 3 6 G | |
| County Wasgington | Registration Dist. No 203 | |
| Village or City Indian Springs. | No. St., | _Ward |
| Langth of rasidance in city or town whera daath occurradyrsmos | f death occurred in a hospitel or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmos | |
| 2. FULL NAME William G. Furry. | If U. S. Veteran, specify WAR | |
| Indian Caminag | St., Ward. X | |
| (Usual place of abode) | If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL PARTICULARS 111 | | |
| 3. SEX Male White 4. COLOR OR RACE White White 5. SINGLE, MARRIED, WIDOWED, Widowed wite the word) | 21. DATE OF DEATH Feb 24 193 (Yellow) (Yellow) (Yellow) | 6 |
| 5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Elizabeth (Hull) Furry | 22. I HEREBY CERTIFY, That I attended decease | ed from |
| 6. DATE OF BIRTH (month, day, and year) Mar 26, 1859. | Viest saw h aliva on 2 - 23 1936 death | ls said |
| 7. AGE Years Months Days If LESS than | to have occurred on the dete stated above, at 10 30 Am. M. | 15 4414 |
| 78 11 28 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| | arterpolerous Dated | ofonset |
| * Trade, profassion, or particular kind of work dona, as SPINNERetired Farmer • SAWYER, BOOKKEEPER, etc. | Hypertension | |
| 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. | 0 | |
| SAW MILL, BANK, etc | arehal It emanhages 1 | 19-36 |
| this occupation (month and spent in this year) | 2: | 22-3 |
| Little Cove. | Other Contributory Couses of importance: | |
| 12. BIRTHPLACE (city or town) Penna . (State or country) | | |
| Samuel Furry. | | |
| 13. NAME Samuel Furry. 14. BIRTHPLACE (city or town) Pennsylvania. | Name of oparation Date of What tast confirmed diagnosis? | 2 |
| 15. MAIDEN NAME Elizabeth Hull. | 23. If death was due to axternal causes (VIOL ENCE) fill in also the following: | |
| 16. BIRTHPLACE (city or town) Washington County. (State or country) Maryland. | Accident, suicide, or homicida? | } |
| 17. INFORMANT William E. Furry. (Address) Baltimore, Md. | (Specify city or town, county end Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Hancock, Md. Dete Feb 27, 19 36 | Manner of injury | |
| 19. UNDERTAKER Fred W. Kraiss. (Addrass) Hagerstown, Md. | 24. Was disaase or injury in any way related to occupation of decaesed? | |
| 20. FILEDTEL 26, 1936 J. P. Leukeus | (Signad) Hessert Vigorian | _M. D. |

GIUN VI Sail If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | |
|---------------|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | (131) |
| county Washin aton | Registration Dist. No. 30 2 |
| Village or City HQ ULLYS TOWN | No. 1314 Oak 4:11 A Mast 5 Ward |
| (II | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town whara deeth occurred 3. yrs,mos. | ds. How long In U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAMEMYS CUYA Eliz, GOODY | ich If U. S. Veteran, specify WAR |
| (a) Residence: No. 1314 Oak 14:11 A | rest, 5 Ward. + |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (while the word) | 21. DATE OF DEATH File 24 |
| Female While Married. | (Month) (Day) (Year) |
| 5a. If married, widowad, or divorced HUSBAND ot | 22. I HEREBY CERTIF To Tight Lattended deceased from |
| (or) WIFE of George S- | Jan. 19 134 10 9 16.22 1936 |
| 6. DATE OF BIRTH (month, day, and year) Aug 23 - 1878 | I last saw h & elive on Ollo. 23, 1936 death is said |
| 7. AGE Yaars Months Deys If LESS than | to have occurred on the date stated abova, at $4A_{-m}$ |
| (a) I day,hrs. | The PRINCIPAL CAUSE OF DEATH end ralated causes of importanca |
| 8. Treda, profession, or particular | were as follows: |
| kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased tast worked at this contaction from the state of the second state | 7 mp |
| 9. Industry or business in which | aronau, bourne |
| work was done, as SILK MILL, SAW MILL, BANK, etc | |
| | |
| year) +244 -1.3.3 occupation - 0.4.73 | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or own) Dalti more | |
| (Stata or country) | hanne replantes byes |
| 14. BIRTHPLACE (city or town) | |
| 14. BIRTHPLACE (city or town) | Neme of operation Dete of |
| (State of country) | What test confirmed diagnosis? Was there en autopsy? |
| 15. MAIDEN NAME NO CECTO | 23. If death wes due to external causes (VIOL ENCE) fill in elso the following: |
| 6 16. BIRTHPLACE (city or town) | Accidant, suicida, or homicida? Date of injury19 |
| ∑ (Stata or country) sg ga | Where did injury occur? |
| 17. INFORMANT Mr. George S. Goodrich | (Specify city or town, county and State) Specify whathar Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| (Address) Hageystown. Und. | |
| 18. BURIAL, CREMATION, OR REMOVAL LEC | Mennar of Injury |
| Placa 100 (PCF) 10 W 11 Date 120, 1956. | Nature of injury |
| 19. UNDERTAKER A. C. Carr mail | 24. Was disease or Injury In any was stated to occupation of deceased? |
| (Address) Hallers town yeu | If so, spacify |
| 20. FILED 2 - 24 - 1936 6 Mastilower | (Signed) M.D. |
| Registrar. | (Address) Hon Galamm ! 1700 |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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| Example I | 11 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| ALEPAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| | | -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | |
|----|-----------------------------|--|--|--|--|
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| | | very | AN | nent | |
| | |). E | SICI | ater | |
| | | S. C. | HYS | t st | |
| | 1 | SEC | Ь | xac | |
| | | T. | LY. | | |
| | NG | NE | CL | ified | |
| | | MA | YY | lass | |
| | BII | PER | E | y c | ite. |
| |)R | AI | ted | per | ifica |
| | F | SIS | sta | pro | cert |
| | KARGIN RESERVED FOR BINDING | HIS | he | pe. | jo : |
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| | | CAI | ld l | DE | y in |
| | | Pl | shou | OF | TION is very important. See instructions on back of certificate. |
| | | RITI | no | SE | N is |
| | 1 | -WI | mat | CAL | TIO |

| STATE O | F MARYL | AND-CERT | IFICATE | OF | DEATH |
|---------|---------|----------|---------|----|-------|
|---------|---------|----------|---------|----|-------|

| DEATH | 2108 |
|-------|------|
| 20 | 307 |

| 1. PLACE OF DEATH | - | V17 :- | (59) | _ |
|---|------------------------|---------------------------------------|---|---------------|
| County Washingto | | | Registration Dist. No. 36 | 2 |
| Village or City Washington | Co Hos | pital (# | No. Hagerstown Md St., death occurred in a horpital or institution, give its NAME instead of street and n | Ward |
| 2. FULL NAME Minnie Ai (a) Residence: No. 17 Fent | irey G | uessford | | |
| (a) Residence. No. | (Usual place of | abode) | If nonresident give city or town and | State |
| PERSONAL AND STATISTICA | AL PARTIC | ULARS | MEDICAL CERTIFICATE OF DEATH | |
| female 4. COLOR OR RACE 5. | OR DIVORCED | (write the word) | 21. DATE OF DEATH Feb. 22, 1936 | 193(Yeer) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Gues | | | 22. HEREBY CERTLEY, That I attended of | |
| 6. DATE OF BIRTH (month, day, and year) Sel | pt 27, | 1872 | i last saw h to elive on tel 20, 19.36 | |
| 7. AGE Years Months 4 | Deys 26 | if LESS then 1 dey,hrs. | to have occurred on the date stated above, at | |
| 8. Trade, profession, or particular | | ormin. | were es follows: | Date of onest |
| 9. Industry or business in which work was done, as SILK MILL. | ousewor t home | k | I Troncho Pneumonia | 2/12/36 |
| SAW MILL, BANK, etc | 11. Total tim spent | e (years) in this ation l-i-f-e | | |
| 12. BIRTHPLACE (city or town) Green ((State or country) | | Pa | Other Contributory Causes of importance: | 1931 |
| E 13. NAME Henry Snyder | | | Windows Marines | 1921 |
| 14. BIRTHPLACE (city or town) (State or country) Fenna | | | Name of operation Date of | |
| 15. MAIDEN NAME Charlotte 16. BIRTHPLACE (city or town) P-GND((State or country) | | | 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? | , 19 |
| 17. INFORMANT Alvey Guessfor (Address) Williamspor | | | (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA | c) CE. |
| 18. BURIAL, CREMATAON, AR, REMOVAL | | 24, 1936 | Manner of injury | |
| 19. UNDERTAKER Albert Leaf (Address) Williamsport | / Md | 10 | 24. Was diseese or Injury in any way releted to occupation of deceased? | 20 |
| 20, FILED. 2 - 24-, 1936 M | coeffe | Zewer Registrar. | (Signed) the Joose (Address) Winshort () | n. D |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3

IL TELL IND TENDIN

of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 5 | 6 | 10 | | | |
|---|----|----|----|---|--|
| 6 | 1 | 11 | 9 | 1 | |
| | 16 | 1 | 9. | 7 | |

| 1. PLACE OF DEATH | A S |
|---|--|
| County Washington, | Registration Dist, No. 302 |
| Village or City Anglication | No. 409 W Howard St Z Ward |
| (lif | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred yrs mos | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME John Edward Halbac | If U. S. Veteran, specify WAR |
| (a) Residence: No. Ho 9 W. Howard | St., 2 Ward. 🙏 |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH Feb 15 |
| Mare While Married | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY, That i attended deceased from |
| (or) WIFE of Ella Halback | , 19, to, 19 |
| 6. DATE OF BIRTH (month, day, and year) april. 16-1873 | I last saw h alive on, 19; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 11.45 Am. |
| 1 0 2 0 I day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular | were as follows: |
| kind of work done, as SPINNER, Saleaman | |
| 9. Industry or business in which work was done, as SILK MILL, Janu Markle work SAW MILL, BANK, etc. | Augus Post- |
| | 2 |
| 10. Date deceased last worked at this occupetion (month and 36-1936) spent in this year) | |
| year) occupation 1-8 | Other Contributory Causes of importance; |
| 12. BIRTHPLACE (city or town) Kemps Mill | |
| (State or country) | |
| II 13. NAME John Thomas Halback | |
| 14. BIRTHPLACE (city or town) Unprour | Name of operation Dete of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Mary Jane Bacoole | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) Unknown | Accident, suicide, or homicide? Date of injury 19 |
| State or country) | Where did injury occur? |
| 17, INFORMANT Mr. Leslie, Hallack | (Specify city or towa, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Hagerstown ud. | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Hagerstown Md Dete Feb 17, 1936 | Nature of Injury |
| 19. UNDERTAKER Scott 7. Minnicht Son | 24. Wes disease or julyry in any way related to occupation of deceesed? |
| (Address) / Lugerstown Md | If so, specify |
| 20, FILED. 2-17-1936 OKOST Bowers | (Signed) M. D. M. D. |
| Registrar, | (Abdress) acting Corona |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| The principal cause of death and related causes of onset of importance were as follows: | | Example II | Date of onset |
|---|-------------|---|---------------|
| | | The principal cause of death and related causes Date of importance were as follows: | |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

| 1 | |
|---------|--|
| BINDING | |
| FOR | |
| 0 | |

Exact statement of OCCUPA-

| STATE OF | MARYLAND- | -CERTIFICATE | OF | DEATH | 2111 |
|----------|-----------|--------------|----|-------|------|
|----------|-----------|--------------|----|-------|------|

| 1. PLACE OF DEATH | 20 302 |
|--|--|
| County Washington | Registration Dist. No. |
| Village or City Hagerstown | No. We shing ton County Hodpista 1.5 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs5r | nosds. How long in U.S. if of foreign birth?yrsds. |
| 2. FULL NAME Jackie W. Hammond | |
| (a) Residence: No. 317 N. Locust Street | St. 4 Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single | 21. DATE OF DEATH February 6, 1936 (Month) (Day) (Year) |
| a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from 2 6, 1936 |
| DATE OF BIRTH (month day and year) August a9, 1934 | I last saw hama alive on 5 6 1936; death is said |
| 5. DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than | 70 05: |
| 1 5 8 1 day,h | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular | were as follows: Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Infant Child | 1 (Income - Luberculus |
| 9. Industry or business in which work was done, as SILK MILL, | Rt Lung - Left agent |
| SAW MILL, BANK, etc. | 2 repliete Subante |
| 10. Date deceased fast worked at this occupation (month and year) occupation (some spent in this occupation th | |
| | Dther Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) Hasenstown (State or country) Md. | 1- Lulesulono - 14 dung |
| | - left apply |
| 13. NAME Howell G. Hammond 14. BIRTHPLACE (city or town). Washington County | Name of operation. Name of operation. |
| (State or country) | Name of operation |
| 15. MAIDEN NAME Mary A. Shupp | 23. If deeth was due to external causes (VIOLENCE) fill in elso the following: |
| 15. MAIDEN NAME Mary A. Shupp 16. BIRTHPLACE (city or town). We shington County | Accident, suicide, or homicide? Date of injury 19 |
| (State or country) Ifd. | Where did injury occur? |
| 17. INFORMANT Mrs. Mary A. Hammond (Address) Hagerstown, Md. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Plece Hagerstown, Md. Date Feby. 8,193 | 6 Nature of injury |
| 19. UNDERTAKER Fred W. Kraiss, (Address) Baserstown (1) | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED 2 - 10 - , 19 3 6 6 18 18 18 18 0000 Registrar. | (Signed) M. D. (Address) Utile Lana Bloke |
| | ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | il | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Data of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | 1000 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

Exact statement of OCCUPA.

| • | |
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| 1 | |
| ING | |

STATE OF MARYLAND-CERTIFICATE OF DEATH _2111

| 1. PLACE OF DEATH | | 108 |
|--|--|--|
| County Washing | Springer | Registration Dist. No. 302 |
| Village or City | stown | No. 434 Use Mard a Ward feath occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where | | ds. How long in U.S. if of foraign birth?yrsmosds. |
| 2. FULL NAME Ellen | Tice Harba | ugh - If U. S. Veteran, specify WAR |
| (a) Residence: No. 734 | (Usual place of abode) | WSt., 2— Ward. If nonresident give city or town and State |
| PERSONAL AND STATIST | ICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Jesuale white | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) | 21. DATE OF DEATH Strong 1 (Year) (Month) (Oay) (Year) |
| 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of | eorge N. Harbaugh | 22. I HEREBY CERTIFY That i ettended decaesed from |
| 6. DATE OF BIRTH (month, dey, and year) | une 15, 1856 | I last saw here alive on July 1936; death is said |
| 7. AGE Years Months | Days If LESS then | to have occurred on the date stated above, at 1.1.5.P.m. |
| 79 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related ceusas of importance wera es fellows: |
| 8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc | at Home | Lobar Premona Kolons |
| 9. Industry or business in which | • | |
| work was dona, as SILK MILL, SAW MILL, BANK, etc | 11. Total time (yaars) spent in this occupation | |
| 12. BIRTHPLACE (city or town) | 20 1 | Other Contributory Causes of impertance: |
| (Stata or country) | red. | 10 |
| 13. NAME Williams 14. BIRTHPLACE (city or town) | Jice | |
| 4 14. BIRTHPLACE (city or town) | | Name of operation Date of |
| (Stata of country) | The contract of the contract o | Whet test confirmed diagnosis? Wes there en autopsy? |
| 15. MAIOEN NAME Cathein | e Hockley | 23. if deeth wes due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | P_a . | Accident, suicide, or homicide? |
| 17. INFORMANT THIS. E. O. (Address) A a g & | Shulenberge | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Hagenston | mpete 2/13 ,19.34 | Manner of injury |
| 19. UNDERTAKER 6. M. & | uter Ing | 24. Wes disaase or injury in any wey related to occupation of deceased? |
| (Address) Hager | Will Bowers | if so, specify Duryon Dilleum, o, |
| | Registrar. | (Address) + 1 prolains / (A) |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U/S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | Eus D | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of enset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | . 8 .1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

In Water Fil

TION is very important. See instructions on back of certificate.

item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | | | | (n) |
|---|---------------|---------------------|---------------------------------|--|
| County Wash | ingtor | 1 | | Registration Dist. No. 36 2 |
| Village or City Hage | rstowr | r commissioner 1 | | No 101 Beuna Vista Avenue co 2 word |
| | | 3 | | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or t | | ith occurred | yrs,mos | ds. How long in U.S. if of foreign birth?yrsmosds. |
| | | . Harr | | If U. S. Veteran, specify WAR |
| (a) Residence: No. 10 | 1 Beur | | a Avenue | |
| PERSONAL AND S | TATICTIC | (Usuai place o | | If nonresident give city or town and State |
| 3. SEX 4. COLOR OR | 1 | | | MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH |
| Male Whit | | | RIED, WIOOWEO, (write the word) | February 18th, 193 6 (Month) (Dey) (Year) |
| 5a. If married, widowed, or divorced HUSBANO of | - | | | |
| (or) WIFE of | Lucy | 7 A. Ha | rr | 22. I HEREBY CERTIFY, That I attanded deceased Irom |
| | Jur | ne 6, 18 | 374 | , 19, to, 19, 19 |
| 6. DATE OF BIRTH (month, day, end 7. AGE Yeers | Months | Oays | If LESS than | I last saw h; daeth is seld to heve occurred on the date stated abova, atm. |
| 61 | 8 | 13 | 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 2 Trade profession or particul | 1 | | ormin. | were as follows: |
| 8 Trede, profession, or particul kind of work done, as SP SAWYER, BOOKKEEPER, e | INNER, RE | tired | | Lev. F. Main was found cure |
| 9. Industry or business in whice | h | | | dead when home Deb 21/1936. |
| 9. Industry or business in which work was done, as SILK I SAW MILL, BANK, etc | WILL, R. | R. Eng | ineer | Therendently died outle 18th |
| 10. Oate daceasad last worked a this occupation (month an year) | t d | II. Totai tii | | of Telr 1936 ferm Heart failure. |
| 12. BIRTHPLACE (city or town)C | learsp Md. | | | Other Coutributory Causes of importance: The house was very cold, and his Lody |
| 13. NAME David | Harr | | | was frazen stiffe na marks on his body, on |
| I | Unkno | าสาก | | Name of operation indispation: Oate of |
| 14. BIRTHPLACE (city or town) (State or country) | Pa | | | |
| 15. MAIDEN NAME TATC | v Mver | g | | What tast confirmed diagnosis? Was there an autopsy? Was there are autopsy? |
| I | 7 700 7 | own | | 23. If daath was dua to external causes (VIOLENCE) fill in also the Iollowing: Accident, sulcida, or homicide? |
| [6. BIRTHPLACE (city or town) (State or country) | Pa . | -V-W-11 | | Where did injury occur? |
| 17. INFORMANT Mrs. L. (Address) Hagers | ucy A. | Harr | | (Specify city or town, county and State) Spacify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOV | | J V. B | | Menner of injury |
| Place Clearsprin | ng, Md | Date Feb. | 24,1936 | Nature of injury |
| 19. UNDERTAKER Fred | W. Kra | iss | | 24. Was diseese or injury In any wey ralated to occupation of daceesed? |
| (Addrass) Hager | S LOWIN, | -Md. | | (Signed) D. Edward Beard, acting Borone |
| 20. FILEO 7 7 7 19 3 | 5101 | agriba | Registrar. | (Signed) D. Dawau Ceard, & Mary (Address) Dagentown Mary Caud |
| | If more bla | anks are needed, ac | Idress State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

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| | Example I | 1 | Example II | |
|--|-----------------------|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial ne | phritis h | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | V.S. | July 5, 1927 | Peritonitis | 3 days ago |
| | | | | |
| Other contributory | causes of importance: | A DOLLAR TO | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | <u> </u> |

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

| STATE OF MARYLAND—CERTIFICATE OF DI | DEATH |
|-------------------------------------|-------|
|-------------------------------------|-------|

2113

| 1 | L PLACE OF DEATH | | | | |
|--------|--|---|-----------------------------------|--|-------------|
| | County Washington | | | Registration Dist. No. | |
| | Village or City Near Ha | gerstow | a(If | No. Hopewell Road St., Wife death occurred in a hospital or institution, give its NAME instead of street and numb | Ward |
| | Length of residence in city or town where d | eeth occurred | | sds. How long in U.S. if of foreign birth?yrsyrsmos | |
| 2 | 2. FULL NAME Mary C. (a) Residence: No. 355 E. | | n Street | St., B Ward. If u. S. Veteran, specify WAR | |
| | PERSONAL AND STATISTI | CAL PARTIC | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. | SEX 4. COLOR OR RACE White | 5. SINGLE, MARI OR DIVORCED Marri | (write the word) | 21. DATE OF DEATH February 19 (Month) (Oay) | 6 (Yeer) |
| 5e. | 11 married, widowed, or divorced HUSBANO of (or) WIFE of Charles | W. Harr | ison | 22. And HEREBY SERTIFY That I ettended dece | 10.00 |
| 6 | DATE OF BIRTH (month, dey, end yeer) | tober 1 | 7. 1877 | 210 10 36 | ath is said |
| | AGE Years Months 4 | Days 2 | If LESS then I dey,hrs. ormin. | to have occurred on the dete steted above, et | |
| TION | 8. Trade, prolession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc | ome Wor | | Oa Oa | te of onset |
| 25 | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | | | Compare regiments | |
| OCCO | 10. Date deceased last worked et this occupetion (month end year) | | me (yeers) t in this pation | | |
| 12. | BIRTHPLACE (city or town) Washin (State or country) | | unty | Other Contributory Causes of importance: | 7 |
| ER | 13. NAME John Brillhar | t | | and was enlar in pertursion | 3 |
| FATHER | 14. BIRTHPLACE (city or town) Unkn (Stete or country) Va | | | Neme of operation Dete of What test confirmed diagnosis? Was there an autop | , No |
| 띰 | 15. MAIOEN NAME Sally P | otts | | 23. Il deeth wes due to externel ceuses (VIOLENCE) fill in also the Iollowing: | 3y! |
| MOTHER | 16. BIRTHPLACE (city or town) Wash (Stete or country) | ington | County | Accident, suicide, or homicide? Dete of Injury | , 19 |
| 17. | INFORMANT Charles W. (Address) Hagerstown, | *********** | n | (Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. | BURIAL, CREMATION, OR REMOVAL Place Williamsport. | Mote Feb. | . 23,1936 | Menner ol injury | |
| 19. | UNOERTAKER Fred W. Kr (Address) Hagerstown | | Anne | 24. Was disease or injury in any ven releted to occupetion of deceased? | |
| 20, | FILED 2-23-, 193647 | rostil | Registrar. | (Signed) Hoge Symn Md | M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

| STATE OF | MARYI | AND- | CERTIFI | CATE | OF | DEATH |
|----------|--------------|------|-------------|------------|----|-------|
| | 1414 / 1 / 1 | 1111 | OFICE ALL Y | ~/ \ \ I I | | |

| Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. J. FULL NAME Section 1. If U. S. Veteran, specify WAR. (a) Residence: No. Patanic. (b) Ward. It nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, B. DIVORCEO R. DIVORCEO | STATE OF MARYLAND— | CERTIFICATE OF DEATH | 14 |
|--|--|--|------------------|
| Village or City Hay and the Comment of the Comment | 1. PLACE OF DEATH | 93-0 | |
| Langth of residence in city or town where death occurred yts. mos. ds. New long in U. S. In two long in U. S. In the long in U. S. In t | County Clashing Line 1 | Registration Dist. No. 30 | 2 |
| 2. FULL NAME Christians of the control of the contr | Village or City Hagustown | No. St., If death occurred in a hospital or institution, give its NAME instead of street an | Ward number) |
| (a) Residence: No. Patomic (Usaffplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE A POLICIAL PARTICULARS 3. SIMPLE MARKED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WILL AND STATISTICAL PARTICULARS 3. Il married, widowed, or divorced (Col) WIFE of Color | Length of residence in city or town where death occurredyrsmore | sds. How long In U.S. if of foreign birth?yrs | mosds. |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, DR DIVORCED Comine the word) OR DIVORCED Comine the word) HUSBAND FOR BIRTH (month, day, and year) For BIRTH (mon | 2. FULL NAME Christian / Her | If U. S. Veteran, specify WAR | |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (waite the word) 5. If married, widowed, or divorced HUSSAND OR DIVORCED (waite the word) Or DIVORCED (waite the word) Or DIVORCED (waite the word) 5. If HER E BY C E R T I FY, That I attended deceased from the date stated above, at I was not a local state of above | (a) Residence: No. Patienic, Fortel | St. / Ward. X | |
| 3. SEX 4. COLOR OR RACE BY DYORCED (which word) S. If married, widowed, or divorced HUSAND of Order HUSAND | | If nonresident give city or town a | |
| Sa. II married, widewad, or divorced (or) wife of the control of t | | MEDICAL CERTIFICATE OF DEATH | |
| 55. If Married, widowed, or divorced HUSBAND, or divorced HUSBAND, with the state of the state o | | 21. DATE OF DEATH Feb. 29 | 193 6 |
| 6. DATE OF BIRTH (month, day, and year) May 1891 1 last saw h.i.m. alive on First 29 months and 1 lay hirs. or min. Trade, profession, or particular in the profession of particular in the particular | 5a If married widowed or divorced | (Month) (Day) | (Year) |
| Trade, profession, or particular fixed profession, or particul | HUSBAND of (or) WtFE of | 22. I HEREBY CERTIFY, That I attende | ed deceased from |
| Trade, profession, or particular line of work done, as SPINNER, Saleaned line of work done, as SPINNER, Saleaned line of work done, as SPINNER, Saleaned line of work was done, as SPINNER, Saleaned line of work as done, as SPINNER, Saleaned line of sale of sale of line of work as done, as SPINNER, Saleaned line of sale of sa | De Marie | Feb. 28, 1936, to Jet. 29 | 193.4 |
| Trade, profession, or particular kind of work done, as SPINNER, Salvana SWER, BOKKEPER, etc. Salvana SWER, etc. Sa | | - 150 % | ; death is said |
| Trade, profession, or particular skind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Trades profession, or particular skind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Trades profession, or particular skind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Trades profession, or particular skind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Trades profession, or particular skind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Trades profession, or particular skind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Trades profession, or particular skind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Trades profession, or particular skind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Trades profession, or particular skind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Trades profession, or particular skind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Trades work as SPINNER. SAWYER, BOOKKEPER, et | | | |
| SAVYER, BOKKEEPER, etc., Salama Sym. | | THE TRINCIPAL CAUSE OF DEATH and leighed causes of importance | Date of onset |
| 7. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at years) Spent in this occupation (month and year) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place Thambers and The March A., 1936 Manner of Injury Name of injury Manner of Injury Nature of Injury Natu | kind of work done, as SPINNER. | asthma | 52hs |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place Character (Address) (Address) (State or country) 19. UNDERTAKER 10. Date Marker 11. Total time (years) spent in this occupation (Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Address) (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Address) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Address) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Specify whether injury occurre | 7. Industry or business in which work was done, as SILK MILL, SAW MILL BANK etc. | | 1 |
| Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) | 11. Total time (years) this occupation (month and | 2 | |
| (State or country) 13. NAME Martin Make Martin Make Markey Make | , your , | Other Contributory Causes of importance: | |
| 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place Chambershurgh, Date March 18. BURIAL, CREMATION, OR REMOVAL Place Chambershurgh, Date March 19. UNDERTAKER 19. UNDERTAKER 10. Name of operation What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Where diagnosis? Was there an autopsy? Where diagnosis? Accident, suicide, or homicide? Opecify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER 19. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25. March Was there an autopsy? Was there an autopsy? Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? Name of operation What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Manner of injury Nature of injury 26. Was disease or injury in any way related to occupation of deceased? | | | |
| What test confirmed diagnosis? Was there an autopsy? The state of country was there are autopsy? The state of country was due to external causes (VIOLENCE) fill in also the following: 17. INFORMANT Accident, suicide, or homicide? Date of injury occur? 18. BURIAL, CREMATION, OR REMOVAL Place Character of country was due to external causes (VIOLENCE) fill in also the following: 19. UNDERTAKER Accident, suicide, or homicide? 19. UNDERTAK | 13. NAME Martin offerst | Chrone Myrandelis | sys |
| What test confirmed diagnosis? Was there an autopsy? The substitution of deceased? What test confirmed diagnosis? Was there an autopsy? The substitution of deceased? Was there an autopsy? The substitution of deceased? The substitution of decease | 14. BIRTHPLACE (city or town) Unknown | Name of operation Date of | |
| (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Place Chambersburgk Date March 2, 1936 Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? | (State of County) | | 7 |
| (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Place Chambershurgk Date March 2, 1936 Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? | 15. MAIDEN NAME | 23. If death was due to external causes (VIOLENCE) fill in also the follow | ing: |
| 17. INFORMANT Place Column (Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Place Chambershurgh Date March 2, 1936 19. UNDERTAKER AT The state of injury in any way related to occupation of deceased? | 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury | , 19 |
| 17. INFORMANT Action to describe the second of the second | ∑ (State or country) | Where did injury occur? | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Whambersburg R. Date March 2., 19 3 6 Nature of injury 19. UNDERTAKER The Company of deceased? 24. Was disease or injury in any way related to occupation of deceased? | | | |
| Place Whambersburg & Date March 2, 1936 Nature of injury 19. UNDERTAKER A Source 24. Was disease or injury in any way related to occupation of deceased? The | | Mannar of Injury | |
| 19. UNDERTAKER A Comparison of deceased? 24. Was disease or injury in any way related to occupation of deceased? | 1. 1. 1 K MM . 2 21 | | |
| | 19. UNDERTAKER THE Warrance | | mo. |
| | | If so, specify St. C. C. C. C. | 11 |
| 20. FILED 2.29-1936 Chastifowerd (Signed) 6 Johnson M. D. | 20 FUED 2. 29- 1036-6Kast Joures | (Signed) C Trum | M. D. |
| Registrar. (Address) 13 & W. Washington St. | | (Address) 13 & W. Washing | stone the |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | i i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Construct to a construction of the constructio | 1921 | Run over by street car | 1 week ago |
| Ccrcbral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| * * * * * * * * * * * * * * * * * * * | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO mation should be carefully supplied. AGE should be stated EXACTLY. TARGIN RESERVED FOR BINDING

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

KD. Every item of infor-

Exact statement of OCCUPA-

| STATE OF | MARYLAND—CERTIFICATE OF DEATH | |
|----------|-------------------------------|--|
|----------|-------------------------------|--|

| 1. PLACE OF DEATH | 97 |
|--|---|
| county Washington | Registration Dist. No. 302 |
| Village or City Ceitersburg | NoSt,Ward |
| | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME Daniel O. Hoover | If U.S. Neteran specify WAR. |
| (a) Residence: No. Leiterstring | St. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Jeb 9 W , 1936 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. 1 HEREBY CERTIFY, That i attended deceesed from |
| (or) WIFE of Sarah S. Hoover | |
| 6. DATE OF BIRTH (month, day, and yeer) Opril 2 1841 | i last saw h; death is said |
| 7. AGE Years Months Days if LESS than | to have occurred on the date stated above, at 3.36 Pm. |
| 89 10 7 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | artura selman |
| 10. Date deceased lest worked at this occupation (month and 920 spant in this year) 12. BIRTHPLACE (city or town) Mean Cheuswille | Other Contributary Causes of importance: |
| (State or country) M. S. | |
| 13. NAME Samuel Hover 14. BIRTHPLACE (city or town) unknown | |
| [4. BIRTHPLACE (city or town) | Neme of operation |
| | Whet test confirmed diagnosis? Was there an autopsy? 23. if deeth was due to external ceuses (VIOL ENCE) fill in also the following: |
| 15. MAIDEN NAME Catherine Sp. 16. BIRTHPLACE (city or town) Man Chewsoille (State or country) | Accident, suicide, or homicide? |
| 17. INFORMANT Charles C. boover (Address) Seitersburg Md. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Certeraling md Date Feb // - 1936 | Manner of injury |
| 19. UNDERTAKER Scott 7. Minnich & Son (Addiess) Hagustown Md | Nature of injury 24. Wes disease or injury in any way related to occupation of deceesed? If so, specify |
| 20. FILED 2-18-, 1936 Charles Proceeding Registrar. | (Signed) Africa Driver (Address) acting corone |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | | Example II | |
|---|--------------------------------|-------------------------|--|---------------|
| The principal cause of d of importance were as fo | eath and related causes llows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | MAR GO TOO | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephriti | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BUNEAUV | July 5,1927 | Peritonitis | 3 days ago |
| | | Total Assessment of the | | |
| Other contributory cause | es of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | <u>'</u> | | |

EXACTLY, F
ly classified.
flcate. BINDING ESERV a

| 0 | stated | proper | of certi |
|--|--|---|---|
| WALLE FL. LI, TO UNFADING INN-INIS IS A FERMAN | N. BEvery Item of Information should be carefully supplied. ACE should be stated | CIANS should state CAUSE OF DEATH In plain terms so that It may be proper | statement of OCCUPATION is very important. See instructions on back of certi- |
| WRITEFL | N. BEvery Item of Info | CIANS should sta | statement of OCCI |
| | | | |

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (if death occurred in a hospital or institu-Ward) tion, give its NAME instead of street number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Month) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (a) General nature of industry business, or establishment in .(Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed). FATHER 192___ (Address) 11 BIRTHPLACE OF FATHER *State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether RENT (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans-4 OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER State.....yrs.....nios..... (State or Country) Where was disease contracted, if not at place of dea h?..... 14 THE ABOVE IS TRUE TO usual residence (Informant) DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL ADDRESS 20 UNDERTAKER 15 Filed Registras If more b.anks are needed, addre.s State Registrar, 16 W. Saratoga St., Buito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6-yrsk should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House laborer, Farm laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the cr," etc., Spinner. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed. us At school, or At-home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, 10 For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Stationary fireman, etc. But in many (b) Grocery;

Streement of Cause of Death—Name, first, the DISEA. I AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"PUERFERAL septicaemia," "PUERFERAL peritonitis,
State cause for which surgical operation was un State diseases as fracture of skull, or as plobably such, if impossible to determine definitely and quelify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accided; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all The paid, "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Ezhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephrilis, unqualified, is indefinite); Tuberculosis of lungs, menapproved Examples: Accidental drowning; Struck by railwoy truintaken. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary American Medical Association.) (Recommendations on statement of cause of returned) may be stated under the head of "contributory." "Atrophy." "Collapse," "Coma," "Convulsions, acid—probably suicide. The n ture of the injury, chuse for which surgical operation was under-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid resulting from ehildbirth or miscarriage as by Committee on " "Weakness, or intercurrent) and eonsequences (e.g., sepsis, ," etc., when a definite disease Example: Measles (discase valvular heart discase affection need etc. The contributory Nomenclature of the not be death

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT NECKO. Every item of information should be carefully supplied. AGE should be stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|---|
| 1. PLACE OF DEATH | (1) |
| County Washington | Registration Dist. No. |
| Village or City Jugustown | No. 50 Fangound avest, 4 Ward |
| (11) | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If ot toreign birth?mosms. |
| *** | |
| 2. FULL NAME Francis & Jacobs | If U.S. Veteran specify WAR. |
| (a) Residence: No. Q Taylor (Ulual place of abode) | Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the wgrd) | 21. DATE OF DEATH |
| temal White married | (Month) (Day) (Year) |
| 5a. It married, widowed, or divorced HUSBAND ot | 22. LHEREBY CERTIFX. That attended daceased from |
| (or) WIFE of Roy B Gacobs | October 1935 to Meb 3, 1936 |
| 6. DATE OF BIRTH (month, day, and year) Feb 5 1888 | I last saw h LS alive on _ February 3 , 19 36; death is said |
| 7. AGE Years Months Days It LESS than | to have occurred on the date stated above, at // Pm. |
| 47 11 28 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | Dave crosset |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which | 0 |
| work was done, as SILK MILL, SAW MILL, BANK, etc | Cerebral apoplary Jul. 3 |
| 10. Date deceased last worked at this occupation (month and spant in this | |
| year) occupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) New Wingerton | |
| (State or country) Pa | Hypestension Valetinoselerosio 2 |
| 13. NAME Claggett M. Jahman 14. BIRTHPLACE (city or town) Was Hugarton | |
| 14. BIRTHPLACE (city or town) New Hugerstown | Name of operation |
| (State of Country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Ida Funk 16. BIRTHPLACE (city or town) Mean Leitersburg | 23. It death was due to external causes (VIOLENCE) fill in also the following: |
| State or country) | Accident, suicide, or homicide? |
| 700: 101 110 1 000 | Where did Injury occur? |
| 17. INFORMANT MA Uda Ofthogen (Address) Joneses Town Med | Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Hagesteren Md Data Feb 6, 1935 | Nature of injury |
| 19. UNDERTAKER LINK 7. Minnicht Son | 24. Was disease or injury in any way related to occupation of accessed? |
| (Address) / bagustown Md. | It so, specify |
| 20, FILED 2 5 - 1936 Mush Privero | (Signed) M. D. |
| Registrar. | (Address) tagerstown , M. |
| | 2411 N. Charles Street, Baltimore, Reguesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| [| | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | 1 |

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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1. PLAC

| | STATE | OF | MARYLAND-CERTIFICATE O | F | DEATH |
|-----|-------|----|------------------------|---|-------|
| FOF | DEATH | | ALC: | | |

| 2118 |
|---------------------------------|
| St., 5 Ward eet and number) ds. |
| wn and State |
| , 193_6 (Year) |

Washington County Village or City Hagerstown (If death occurred in a hospital or institution, give its NAME instead of str mos. ____ds. How long in U.S. if of foreign birth? _____yrs. Length of residence in city or town where death occurred__ Florence Kee 2. FULL NAME 58 Blooms Avenue (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DJYORCED (write the word) Colored Female 5a. If married, widowed, or divorced HUSBAND of George Kee (or) WIFE of 6. DATE OF BIRTH (month, dey, end yeer) April 27. 7. AGE Years If LESS than Months 60 1 day.____hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, Home Work SAWYER, BODKKEEPER, etc. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc...... 1D. Date deceesed last worked et 11. Total time (yeers) this occupation (month and q 3 5 occupation __ Washington 12. BIRTHPLACE (city or town) (Stete or country) 13 NAMEDaniel Jackson FATHI 14. BIRTHPLACE (city or town) (State or country) Anna 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (Stete or country) Anna Kee (Address) Hagerstown, 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Hagerstown, Md. Pete Feby. 11 1936 Nature of injury.... W. Kraiss. 24. Wes disease or injury in env way releted to occupation of deceased? //

Hagerstown.

MEDICAL CERTIFICATE OF DE 21. DATE OF DEATH February (Month) (Day) I HEREBY CERTIFY. That I ettended deceased from The PRINCIPAL CAUSE OF DEATH and releted causes of importance Date of onset Name of operation _____ Dete of ____ What test confirmed diegnosis? _____ Was there an autopsy?____ 23. If death was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? ______ Dete of injury _____ 19_ Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Registration Dist. No.

Avenue

Blooms

If U. S. Veteran, specify WAR.

WRITE CAUSE TION S. No. 1

be carefully

plnods

OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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| Example I | | Example II | 151 |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis MAR 6 1930 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago! |
| Land and the second a | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | - |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

3

V. S. No. 1 1

item of infor-

| STATE OF | MARYLAND-CERTIFICATE OF D | EATH 21 |
|----------|---------------------------|---------|
| | | |

| 1. PLACE OF DEATH | CERTIFICATE OF DEATH |
|--|--|
| County Washingtons | 107-ā) × |
| | Registration Dist. No. 316. |
| Village or City Krichystrelle mol | NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,mos | |
| 2. FULL NAME Francis Preston Cay | auvur |
| (a) Residence: No | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (with the word) | 21. DATE OF DEATH 2 1936 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Yeer) |
| HUSBAND OF GOT WIFE OF Single | 22 Tole 1 HEREBY CERTIFY. That I attended deceesed from 1936 to Fig. 13 |
| 6. DATE OF BIRTH (month, day, and year) Lucy 18 = 1935 | I last saw h alive on Feb. 13 , 1936; death is sald |
| 7. AGE' Years Months Days If LESS than | to have occurred on the date stated above, at 12 50 m. |
| 8. 7 25 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importence |
| 8. Trade, profession, or particular kind of work done as SPINNER | Date of onset |
| S. Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work work as done as SPI K MILL | ρ ρ |
| 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc | (Drondio - Vnellmorna: preceded |
| Date deceased lest worked et 11. Total time (years) | by a common cold, of a fow days |
| this occupation (month and spant in this year) occupation | durations config |
| 12. BIRTHPLACE (city of town) Kardysville ma | Other Contributory Causes of Importance: |
| (State or goods) Tash Co | |
| II 13. NAME day Kafanow | A |
| 14. BIRTHPLACE (city or town of Farming ton 91 | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? Was there en au'opsy? |
| 15. MAIDEN NAME May Ruth Lunn 16. BIRTHPLACE (city or town) Sharps furg mal | 23. If death wes due to external ceuses (VIOLENCE) fill in elso the following: |
| 5 16. BIRTHPLACE (city or town) Sharks burg mal | Accident, suicide, or homicide? |
| State or country) Hall CO | Where did injury occur? |
| 17. INFORMANT OF TOM ONLY WITH AND A | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Boonstoro mad Date 2=13, 1936 | Neture of injury |
| 19. UNDERTAKER Q & Surray of Co | 24. Wes disease or injury in any wey related to occupation of deceased? 200 |
| (Address) Kaaclybytly med | if so, specifyA |
| 20. FILED 1 of 1935 Relecting | (Signed) W. W. Willam M. D. |
| Registrar. | (Ardress) 30000000 |
| *** | |

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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 66 | 0 | | |
| MAN W | . // | | |
| Other contributory causes of importance | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

V. S. No. 1

| STATE | OF | MADVI | AND-CEPTIEI | CATE | OF | DEATH |
|-------|----|-------|--------------|------|----|-------|
| SIAIL | UF | MARIL | AND-CERTIFIC | CAIL | UF | DEATH |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 2120 |
|---|--|
| 1. PLACE OF DEATH | (P) |
| county Chapmington. | Registration Dist. No. 30 |
| MANGEN CORPOLATO LIMITO PO - 1. | 0. 1111 |
| Village or City Flas Latorne - Wall | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos. | |
| 2. FULL NAME John I siah Christe | an / Clines. Veteran, specify WAR |
| (a) Residence: No. Sounding Md. (Usual place of abode) | St., Ward. St., Ward. |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| male while Married | (Month) (Day) (Year) |
| 5a, If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from |
| fand 6. Jeune | 1936, to July 10, 1936 |
| 6. DATE OF BIRTH (month, day, and year) welly - 4 - 1878 | I last saw h Landive on Just 2, 193 6 death is said |
| 7. AGE Years Months Days If LESS than 1 day, | to have occurred on the date stated above, atm. |
| 5/ 7 2/ ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset |
| 8. Trade, profession, or particular kind of work done as SPINNER | Vote vi vines |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | Clapenduction |
| SAW MILL, BANK, etc | 1 ocut |
| this occupation (month end spent in this . 2 4. | |
| year) 1636 occupation y | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) | Brown of memorie |
| (State or country) Wash, C. md. | |
| 13. NAME John Ikline | |
| 13. NAME John Johne 14. BIRTHPLACE (city or town) / Societies | Name of operation affine Lettery Date of Hat 18-3 |
| (State of country) Crash. Co. Md | What test confirmed diagnosis? |
| 15. MAIDEN NAME Magdalene Easterday | 23. If deeth was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) Bouleton | Accident, suicide, or homicide? Date of injury |
| (State or country) Turush. Co. Md. | Where did injury occur? |
| 17. INFORMANT Mas. Mand E. 1x line | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Boose Iron Md. | |
| 18. BURIAL, CREMATION, OR BEMOVAL | Manner of injury |
| Describero Camelary Date Let 27, 1936 | Nature of injury |
| 19. UNDERTAKER OU D. Bast 45 og | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Boonslong May | If so, specify |
| 20. FILED Z-26-, 19 36 KMS/Hower | (Signed) Aller Janea M. D. |
| | 2411 N. Charles Greet, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| M | s should state of OCCUPA- |
|-----------------------------|--|
| 1 | M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |
| TARGIN RESERVED FOR BINDING | PERMANENT EXACTLY IJ classified. |
| RVED FOR | -THIS IS A nuld be stated nay be proper ack of certific |
| GIN RESE | ed. AGE sho is, so that it r tructions on b |
| ATAR | refully supplied in plain term |
| | M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E. CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate. |
| V. S. No. 1 | N. B.—WR. matio |

| 1 81 405 | | ATE (| OF MAR | YLAND- | CERTIFICAT | E OF DEA | TH SI | 21 |
|--|---|---------------|--------------------------------|-----------------------------------|---|----------------------------|-----------------------|--------------------|
| 1. PLACE | W. | 1 7 | | | THE LINE | 20 | . 3. | 0 > |
| County | nay | my s | an 1 | ···· | | Registration L | Sist. No. | |
| Village or | City // O | reformy | four les | · / York | | relocus, | nex st. | 3 Ward |
| Langth of re | esidanca în city | or town where | death occurred | yrs,mo | f death occurred in a hospital or | S. if of foreign birth? | instead of street and | d number) mosds |
| 2. FULL N | AME 6 | arte | : V | PATE | in all | | | |
| (a) Reside | -2 | enicl | eur z | - Drid | | 21X- | | |
| (a) Reside | elice. No. / se | / | (Usual place | of abode) | St., Ward. | If nooresideot g | rive city or town an | nd State |
| PERSO | NAL AND | STATIST | ICAL PARTI | CULARS | MEDICA | L CERTIFICATE | | |
| 3. SEX | 4. COLOR | P RACE | 5. SINGLE, MARI OR DIVORCEI | RIED, WIDOWED, (write tha word) | 21. DATE OF DEA | | 100 | |
| Jeneall wild | - mg | ute | 1 su | gle | | (Month) | (Day) | (Year) |
| 5a. If marriad, wide HUSBAND of (or) WIFE of | owed, or divorc | ed | V | | 22. I HERE | EBY CERTIE | / That I attende | d dossand from |
| (OI) WIFE OF | | | | | Fred 20 | 19.36 to 1 | A ZA | u deceased from |
| 6. DATE OF BIRTH | //- 26 (month, day, | - 1216 | | | I last saw h alive | on Z | 20.19.5 | deeth Is seid |
| | ears | Months | Days | If LESS than | to have occurred on the dat | e stated above, at 9 | | 6 |
| 100 | 19. | 3 - | 124 | 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF were as follows: | | s of importance | Date of onset |
| 8. trade, pro | fession, or part work done, as R, BOOKKEEPE | SPINNER, | mand | | fleiglys | my ace | 1-2-1 | |
| 9. Industry of | r business in v | vhich | | | lag of less | Hung 12 | Re | |
| work w | vas done, as S1L IILL, BANK, ato | K MILL, | | | - farme | | | 7.25 |
| 10. Date deces | | d at | 11. Total ti | me (years) t in this pation | Henry | will an | maj | 20 |
| | | /-/ | | pation | Other Contributory Causes of | of Importance: | | |
| 12. BIRTHPLACE (State or co | | wat | Porte | 1 | | · <i>(</i> J | | |
| 1 | FA | 1 | Raction | | | | | |
| E | 120 | The same | ecca & A | 720 | | ~ | | |
| 4 14. BIRTHPLA | CE (city or town or country) | 1) Was | | in I | Name of operation | | Data of | · |
| | | 2 6 | 110 15 | | What test confirmed diagnos | | Was there en | |
| T. C. | IAME | 0 | y - run | 7 | 23. If death was due to exteri | nel causes (VIOLENCE) fill | in also the followin | ng: |
| 16. BIRTHPLA | CE (city or town or country) | 1) Com | y se | | Accidant, suicide, or homicide | | ate of injury | , 19 |
| (0.0.0 | ~ . | 1 | 10 | | Where did injury occur? | (Specify city or to | own, county and Sta | ale) |
| 17. INFORMANT (Address) | Sucu | itabu | y hed 1 | 一个大刀。 | Spacify whather Injury occur | rred in INDUSTRY, in HOM | E, or in PUBLIC PI | LACE. |
| 18 BURIAL, CREMA | TON, OR REA | NOVAL TO | 21 | | Manner of injury | | | |
| mille | buy c | en p | Date V. 46. | 7. × 1936 | Nature of injury | | | |
| 19. UNDERTAKER _ (Addrass) | Spec | , B | Hoo | un | 24. Was disease or injury in | any way related to occupat | ion of dacaasad?(| |
| フィフ | 20- | 21 0 | Mille | 7 | If so, specify | (11 | 1.100 | · |
| 20. FILED | , 19, | 1616 | Andria | Registrar. | (Signad) (Address) | westers. | 2001. | M. D |
| | | If more | blanks are needed, ac | ldress State Registrar, | 2411 N. Charles Street, Baltimo | re, Requesting V. S. No. 1 | . / | . / . |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | 1 | Example II | |
|--|--|---------------|--|---------------|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | MAR 6 1930 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | R R PU V. S. | July 5, 1927 | Peritonitis | 3 days ago |
| | A CONTRACTOR OF THE PARTY OF TH | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

aportance:

1 year

CIAN

2

V. S. No. 1

| County. Management of the present of | STATE OF MARTLAND | CERTIFICATE OF DEATH |
|--|---|--|
| Village or City Adjusters (It death occurred in shoptal phintistion, are in NAME missed of users and number) Langth of residence in city or town where death occurred A yrs mos | 1. PLACE OF DEATH | (122.76) 50 |
| Langth of residence in city or fown where death occurred. J. J. yr. mos. ds. Now tong in S. J. for the Contributions, give in NAME intended of uncert and number) 2. FULL NAME (a) Residence: No. J. J. J. March (Unit place of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX (a) COLOR OR RACE (b) SINCE MARRIED, WIOOVED (b) SUPPORT OF DEATH 3. SEX (c) COLOR OR RACE (c) SINCE MARRIED, WIOOVED (d) SIL MARRIED, WIOOVED (d) | County Washington | Aller Languer Registration Dist. No. 502 |
| Langth of residence in city or town where death occurred. If yes, mos. ds. New long in U. S. if of foreign birth? yes. mos. ds. 2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX A COLOR OR RACE 5. SINGLE MARRIED, MINOVED, OD DIVORCES (which the word) Sa. If married, widowed, or divorced HUSBAND of Oran International Color of Oran NIFE of Oran International Color of Oran N | | |
| (a) Residence: No. (Usaiplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SIX 4. COLOR OR RACE S. SINCIE, MARRIED, WIDOWED, OR DIVORCED (Correct the world) Sa. II married, widowed, of divorced (correct the world) Sa. IV married, widowed, or divorced (correct the world) Sa. DATE OF BIRTH (month, Jay, and year) AAGE Years Months Days II ESS than 1 day, | | |
| PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE ON DIVORCED (wariet the word) MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HER EBY CERTIFY, That I attended deceased from the state of the | 2. FULL NAME Warney Krider | If U.S. Veteran specify WAR. |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, Ophyolog CEP (write the world) 52. Ill married, widowed, or divorced Wilson of the process | (a) Residence: No. Blune | St., 9 Ward. × |
| 3. SEX 4. COLOR OR RACE ON DIVISION 1. Interred, widowed, or divorced INUSANDE OF BIRTH (month, Jay, and year) 5. If married, widowed, or divorced INUSANDE OF BIRTH (month, Jay, and year) 7. AGE Years Months Days If LESS than I day. hrs. or. min. 8. Trade, profession, or particular SAWYER, BODKKEPFER, etc. 9. Months Days If LESS than I day. hrs. or. min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ower done, as SENNER, SAWYER, BODKKEPFER, etc. 9. Months O ID. Date of cascade last worked at good or updation Distribution Date of operation. Name of operation. Date of operation. Date of injury. 12. INFORMANT (State or country) Manual 13. NAME 14. BIRTHPLACE (city or town). What test confirmed diagnosis? Name of operation. Date of injury. 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Date of injury. 17. INFORMANT PRIOR MATTER (Address) 18. BURLAGE CENTY or town. Date of injury. Nature of injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. Manual of injury Nature of injury 19. Weare of injury in any way related to occupation of deceased? 18. OUNDETAKER AND | | |
| ## A PROPOSE CONTROL OF THE WORLD SET OF THE WORLD SET OF THE WORLD SET OF BIRTH (month, flay, and year) 5. LI THE REBY CERT I FY, That I attended deceased from the MUSAND STATE I SET OF BIRTH (month, flay, and year) 5. DATE OF BIRTH (month, flay, and year) 7. AGE Years Months Days If LESS than I day. https://doi.org/10.1001/10.1 | | |
| 5. DATE OF BIRTH (month, kay, and year) 6. DATE OF BIRTH (month, kay, and year) 7. ACE 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Shift was done, as SIK MILL, SAW MILL, BANK, etc. 10. Date decessed fat work was done, as SIK MILL, SAW MILL, BANK, etc. 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT 17. INFDRMANT 18. UNDERTAKER (Address) 19. Was diseased? 19. Was diseased? 19. Was diseased? 19. Was diseased? 11. Total time (years) 10. Date done 11. Total time (years) 10. Date of month and successed into work done as successed in more decountry. 18. BIRTHPLACE (city or town) 19. Was there an aulopsy? 20. If death was due to external causes (VIOLENCE) fill in also the following: 21. Accident, suicide, or homicide? 22. DI HEREBY CERT IFY, That I stended decessed from the sale to have occurred in Jean and the sale to have occurred in Jean and | OR DIVORCED (write the word) | 74 1 193 6 |
| 6. DATE OF BIRTH (month, hay, and year) 7. ACE Years Months Days If LESS than I day,hrs ofmin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones! The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones! The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones! The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones! The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones! The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones! The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones! The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones! The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones! The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones! The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones! The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones! The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones! The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones! The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones! The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes o | 5a. If married, widowed, or divorced | (Monta) (Day) (Tear) |
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| 7. AGE Years Months Days If LESS than 1 day,hrs. or | Jan 20 1868 | Jany 31, 1986, to TED / 1936 |
| Society of the state of country Society of the state of t | | |
| 8. Trade, profession, or particular kind of work done as SPINNER, Many of work o | 1 day bre | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BDDKKEPER, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOYAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Manner of injury Nature of injury 19. UNDERTAKER (Address) Manner of injury in any way related to occupation of deceased? If so, specify (Signed) M. D. | 0 pd ormin. | ware as follows: |
| SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOYAL Place 19. UNDERTAKER SUMM 19. (Signed) 10. Date of impury in any way related to occupation of deceased? (Signed) M. D. M. D | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. | |
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| 13, NAME 14, BIRTHPLACE (city or town) Adams C. | 12. BIRTHPLACE (city or town) Wast G | |
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| Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in inDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, DR REMOVAL Place Logication Date 72 , 1936 Nature of injury Nature of injury 19. UNDERTAKER Suff 7 Mirring dday (Address) 24. Was disease or injury in any way related to occupation of deceased? if so, specify (Signed) M. D. Completed M. D. | 5 16. BIRTHPLACE (city or town) Wash G. | Accident, suicide, or homicide? Date of injury19 |
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| 19. UNDERTAKER Scaff 7 Minnich dam 24. Was disease or injury in any way related to occupation of deceased? (Address) Jagustown md if so, specify (Signed) M. D. Campbel M. D. | Piace Naguatary Date 72 1936 | |
| 20. FILED 2 - 2- 1936 Chart Bowers (Signed) M. D. Compbell M. D. | 19. UNDERTAKER SCOTT 7 Minnich Sar | |
| 20. FILED | (Address) Hagustown md | if so, specify |
| Account a (money) - The grant 1114- | | |
| If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Mb. 1. | | |

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| 0 6 A V. S. | <u> </u> | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | RY | PHYSICIAN |
|-----------------|---------|------|----------------|------------|-----|-----------|
| TID DATE OF THE | DE ZECL | TOTE | T O TO TITLIFE | STATISTICS | 101 | THEFT |

state infor-OCCUPA 1. PLACE OF DEAT Jo plnods Jo PHYSICIANS Length of residence in city or town where death occurred Every statement (a) Residence: No. Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write tha w PERMANENT CTL FOR BINDING classified. 5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of × E 6. DATE OF BIRTH (month, day, and year) certificate. properly If LESS stated 7. AGE Months Days 1 day Trade, profession, or particular THIS ARGIN RESERVED kind of work done, as SPINNER. be Jo SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... pluods back it may OCCUP. 11. Total time (yaars)
spant in this
occupation Or Date decaased last worked at on this occupation (month and year) so that instructions UNFADING 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER 13. NAME See CAUSE OF DEATH in plain (State or country mation should be carefully MOTHER important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) ! (Stata or country) 17. INFORMANT very (Address ATION, OR REMOVA 18. BURIAL, WRITE NOI 19. UNDERTAKER V. S. No. (Addrass) Regis

| STATE OF MARYLAND- | CERTIFICATE OF DEATH | 4 + 5 + |
|---|---|---------------|
| EATH | (15) | 23 |
| ashington | Registration Dist. No. 30 | 2 |
| Hager Stown. | Nobl3 VV. Mash - st. 2 | Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and nu | |
| in city or town where daath occurredyrs,mos. | ds. How long In U.S. If of foreign birth?yrsmos. | ds. |
| Clavener Edw Muh | . If U. S. Veteran, specify WAR | |
| o. 613 VV YVash | St., Ward. | |
| (Usual place of abode) | If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH | tate |
| OLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH | |
| OR DIVORCED (write tha word) | tely 24 | 193 6 |
| divorcad | (Month) (Day) | (Year) |
| divorcad | 22. /I HEREBY CERTIFY, That I attended de | ceased from |
| (1: 12.C.C. | 2/23 ,1936, to 2/24 | ., 1936 |
| 1, day, and year) (9 CT 10 - 1888 | I last saw h | daath Is said |
| Months Days If LESS than | to have occurred on the date stated above, at . 0 | |
| 7. 4 14 ormin. | The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows: | Date of onset |
| or particular one, as SPINNER, Calinet Maleu | Quite alerhousy | 2/23/36 |
| ess in which as SILK MILL. M. P. Moller Co- | | |
| t worked at (month and 2-1936 11. Total time (yaars) spant in this occupation 2 0475. | | |
| Dig Spring | Other Coutributory Causes of importance: | |
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| or town) Big Spring | Name of operation Date of | |
| The first | What test confirmed diagnosis? Was there an aut | opsy?/JQ |
| susau Cearl | 23. If death was due to external causes (ViOL ENCE) fill In also the following: | |
| or town) Martinsburg | Accident, suicide, or homicide? Date of injury | , 19 |
| try) W-va | Where did Injury occur? (Specify city or town, county and State) | |
| the C. Pichu | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC | E. |
| OR REMOVAL | Manner of injury | ********* |
| spring well patet the de. 1936 | Nature of injury | |
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| Jagurston le | If so, specify A A A Duploy M | |
| -, 106 Bhash Bowen | (Signad) 170M 1900 100 100 100 100 100 100 100 100 10 | M. D. |
| 76 . 11.1. 11 11 C. D. | National Property of the Control of | |

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | i i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis 6 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Reguesting U. S. No. 1.

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

| A. | STATE OF | MARYLAND- | CERTIFICATE OF DEATH | |
|-------------------------------------|---|--|---|------------|
| state UPA. | 1. PLACE OF DEATH | | | , |
| OCC | County Washing | low | Registration Dist. No. 302 | |
| should f OCC | Village or City Hagels | Coron | No. 6 Snyder ave 2 | - Ward |
| 0 | Langth of residence in situ or form where deal | (IF | death occurred in a hospital or installation, give its NAME instead of street and number | er) |
| AN ient | 000. | n occurred yrs mos | ds. How long in U.S. if of foreign birth? yrsmos | ds |
| YSICIANS | 2. FULL NAME 6 Mails | s mi mag. | and If U. S. Veteran, specify WAR | |
| PHYSICIANS act statement | (a) Residence: No. | (Usyal place of abode) | Ward. If nonresident give city or town and State | |
| PH | PERSONAL AND STATISTICA | | MEDICAL CERTIFICATE OF DEATH | |
| E. E. | 3. SEX 4. COLOR OR RACE 5. | SINGLE, MARRIEO, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH 2 193 | 26 |
| T | 5e. If merriad, widowed, or divorced HUSBANO of | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (Month) (Day) (| Year) |
| X A C T I | (gr) WIFE of Dora L | Magaha. | 22. HEREBY CERTIFY, Thet attended decease | sad from |
| | 6. DATE OF BIRTH (month, day, end year) Que | ne 18-1881 | t tast sawbase alive on 2-10- 1936 deal | th Is sain |
| erly icate | 7. AGE Years Month | Deys If LESS then | to heve occurred on the date steted above, etm. | |
| stated E properly certificate | 54 8 | 1 dey,hrs. ormin. | The PRINCIPAL CAUSE OF OEATH and related ceuses of Importance wara as follows: | |
| be s of ce | Trede, profession, or perticuler kind of work done, es SPINNER, | R. R. Sho | Date | of onset |
| | SAWYER, BOOKKEEPER, etc | ************************************** | a certif Nemontage | 176 |
| should it may n back | work was dona, es SILK MILL, SAW MILL, BANK, etc | 6 / / / 0 / | | |
| (H) 4 | 10. Dete deceased last worked et this occupetion (month end | 11. Totel time (years) spent in this | | |
| AGE that ions o | year) | occupation | Other Coutributory Causes of importence: | |
| so | 12. BfRTHPLACE (city or town) (Stata or country) | herasion. | Hyprotion | |
| supplied n terms, ee instr | # 13. NAME David 7. | macha | | |
| 4 4 | E 1/a | she dela Toma | None of constitution | |
| ·= 70 | 14. BIRTHPLACE (city or town) (State or country) | W. Va. | Nema of operation Oete of Whet test confirmed diagnosis? Was there an autopsy | |
| carefully I'H in pla ortant. | 15. MAIDEN NAME LOUISA | Mask | 23. If death wes due to externel ceuses (VIOLENCE) fill In also the following: | y: |
| careful TH in p | 16. BIRTHPLACE (city or town) | | Accidant, suicide, or homicide? Dete of injury | 19 |
| . 5 0 | ∑ (State or country) | · Va. | Where did Injury occur? | |
| | 17. INFORMANT THE COMMON (Address) | Magahay | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. | |
| shou OF | 18. BURIAL, CREMATION, OR REMOVAL | 2/- | Menner of injury | |
| on s | Place Hagerstown | Date // 3 ,19 3 6 | Neture of Injury | |
| mation CAUSE | 19. UNDERTAKER & - M. Sur | les Tons. | 24. Was disease or injury in any wey releted to occupation of deceased? | |
| HOH | (Address) Lagerst | bury pond | if so, specify | |
| I(T) | 20. FILEO 2 - /3- 1936 10/100 | Stopowers | (Signed) | M. D |
| | | D 1 | min a design of the second of | |

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| Example I | 1 | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage MAR 6 1930 | July 5,1927 | Peritonitis | 3 days ago |
| V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



PHYSICIANS should state

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

-WRITE PLAINLY,

Ä

properly classified.

certificate.

Exact statement of OCCUPA.

2126

| 1. PLACE OF DEATH | | | (31) × |
|---|--|-----------------------------------|--|
| County Washington | | | Registration Dist. No. 302 |
| Village or City Hagersto | wn, Md. | (I) | No. 1733 Va. Ave. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) |
| | | | osds. How long In U.S. If of foreign birth?yrsmosds |
| | | W . | If U. S. Veteran, specify WAR |
| (a) Residence: No. 1733 Va | (Usual place | of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTI | CAL PART | ICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE Male White | 5. SINGLE, MAR OR DIVORCE Di VOT | RIED, WIDOWED, D (write tha word) | 21. DATE OF DEATH Peba 26, 196 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced | known | | 22. \ HERBBY CERTIFY That attended degreesed from |
| | | | - 1 CMA 30.19 por 3' DV 26 1936 |
| 6. DATE OF BIRTH (month, day, and year) To AGE 7. AGE Years Months | b. 22, | 7880 | 1 last saw h Allaliva on 19.00; death is sai |
| | | 1 day,hrs. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and calated causes of importance |
| 56 11 | 27 | ormin. | were astollows Date of |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | | | fletours come; |
| 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc | arket 0 | lleark | 1 |
| Data deceased last worked at this occupation (month and year) | 11. Total i | tima (years) Int in this | |
| 12. BIRTHPLACE (city or town) (State or country) Pa | | | Other Contributor Contract of Importance: Que gually 193 |
| E 13. NAME Calvin Malo | 77 | | |
| 14. BIRTHPLACE (city or town) (Stata or country) | | | Name of operation |
| | | | What test confirmed diagnosis? |
| T IC PIDTUDIACE (situation) | | | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| (State or country) | a • | | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Harry Mal (Address) Hagersto | oy | | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | ·· | | Manner of Injury |
| Place Hagerstown -, Md | -DateReb. | 29.,,1936. | |
| 19. UNDERTAKER Fred W. Kr. (Address) Hagerstown | aiss | 1 - | 24. Was disease at injury it and was related to occupation or liggered? |
| 20. FILED 2-29-, 1936 P | Kost | Bower | (Signad) M. (Address) |

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Cerebral hemorrhage HAR († 1936) | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | |
| County Washington | Registration Dist. No. 305 |
| Village or City Boonsboro | No. St., Ward |
| | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How tong in U.S. if of foreign birth? |
| 2. FULL NAME Lewis Empy M | Tarta, |
| (a) Residence: No. Not Lend. | St. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. If married, widowed, or divorced | 21. DATE OF DEATH (Month) (Bay) (Year) |
| HUSBAND of Course Marty. | 22. I HEREBY CERTIFY. That I attended deceased from 1934, to Titles 9 1, 1956 |
| 6. DATE OF BIRTH (month, day, and year) wee - 15 = 1862 | I last saw heise allve on 7244- 7 , 19.2 a; death is said |
| 7. AGE Years Months Days if LESS than I dayhrs. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 73 7 24 ormin. | were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Carcingua of Hlowards 11/15/3 |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date deceased last worked at this occupation (month and spant in this | |
| 12. BIRTHPLACE (city or town) Blaver Creek | Other Contributory Canses of Importance: |
| (State or country) Cirash. Co. Md. | |
| 13. NAME John Marta | |
| 13. NAME John Marty 14. BIRTHPLACE (city or town) Beaver Crush | Name of operation |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Elizabeth Rudy | 23. if death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Elizabeth Rudy 16. BIRTHPLACE (city or town) Beaver Crark | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) - Coash. Co. Md | Where did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT Denjam Marty (Address) 12 armstong Md. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Mi dena Dato she 12. 1936 | Nature of Injury |
| 19. UNDERTAKER JUST Deut Y Sory (Address) | 24. Was disease or injury in any way related to occupation of deceased? No |
| 3111 31 (0) 01: 2 12 J | (Signed) (Signed) M. D. |
| 20. FILE 726-, 11., 19-36 Willow J. Gast. | (Address) / Doouslos, Md |

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| | Example I | | Example II | | |
|--|--------------------------------|---------------|--|---------------|--|
| The principal cause of dof importance were as fo | eath and related causes llows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | MAR 5 1936 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephriti | 8 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | · III V. S | July 5,1927 | Peritonitis | 3 days ago | |
| L. | | | | | |
| Other contributory cause | es of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

| ADDITIONAL SPACE FOR FURT | ER STATEMENTS BY PHYSICIAN |
|---------------------------|----------------------------|
|---------------------------|----------------------------|

S. No. 1

item of infor-

plnods

OCCUPA-

Jo

1. PLACE O

County____ Village or (

Length of res

PERSON

2. FULL NA
(a) Resider

3. SEX

7. AGE

Male

5a. If married, widow HUSBAND of (or) WIFE of

6. DATE OF BIRTH

Trade, profe

kind of

work wa

year) __

Date deceas

| - | | | | | | |
|-----------------------------------|----------------------|---------------|---------------------------------------|--|-------------------------------|-------------------------------|
| 5 | STATE O | F MAR | YLAND- | CERTIFICATE OF | DEATH | 22 |
| F DEA | | | | 186-0 | v | ~ 6 |
| Wa | shington | | | Reconstruction Reconstruction | egistration Dist. No. | 30.3 |
| | learspring | | (16 | NoNodeath occurred in a hospital or institution, gi | St. | Ward |
| idence in | city or town where d | eath occurred | | ds. How long in U.S. if of foreign | | |
| ME | Elwood Mc | Laughlin | | If U. S. Veteran, specif | y WAR | |
| | Clearspri | | | St., Ward. | nonresident give city or town | a and State |
| IAL A | ND STATISTI | CAL PARTI | CULARS | MEDICAL CERT | FICATE OF DEAT | Н |
| W | or or race | | RIED, WIDOWED, D (write the word) Wed | 21. DATE OF DEATH | ruary 17 (Day) | , 193_6 (Year) |
| ved, or di | therine Mc | Laughlin | | 1 HEREBY CI | ERTIFY, That I attend | nded deceased from |
| (month, d | ay, and year) Ju | me 5, 18 | 49 | Telt. 4, 19.3 | l-, 17, 19. | 36.; death is said |
| ars 66 | Months 8 | Days 12 | If LESS than I day,hrs. ormin. | to have occurred on the date stated abov The PRINCIPAL CAUSE OF DEATH and were as follows: | | I Date of season |
| work done , BOOKKI business | SILK MILL, | tiredB | anker | Proncho forme | unonia. | Date of one of Tully, 14,1936 |
| ed last w | orked at | spe | ime (years) nt in this upation | | | |
| ty or town | Mason | and Dixo | n | Other Contributory Causes of importance | il Right sid | L 7. B. 3, 1931 |

12. BIRTHPLACE (city or town) Mason and Dixon
(State or country) Pa.

13. NAME Henry McLaughlin

14. BIRTHPLACE (city or town) Mason and Dixon
(State or country) Pa.

15. MAIDEN NAME Catherine Cushwa

16. BIRTHPLACE (city or town) Washington County
(State or country) Md

17. INFORMANT Mrs. Lenora Lakin (Address) Bonsbore, Md.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER _Snyder=Rowland Funeral Home

Place St. Paul's Cemeterpate Feb. 21 19 36

(Address) Clearopring Md.

If so, specify (Signed) Dayly V., Pri

Accident, suicide, or homicide? Ciccucles &

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

Where did injury occur? (It his

P. Brewer

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrat.

Nature of injury

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | TAI |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| | infor- | state | UPA- | , |
|----------------------|--|---|--|------------------------------|
| | item of | plnods | of OCCI | |
| | ECORD. Every | PHYSICIANS | xact statement | |
| MESERVED FOR DIMPING | ING INK-THIS IS A PERMANENT RECORD. Every item of infor- | AGE should be stated EXACTLY. PHYSICIANS should state | o that it may be properly classified. Exact statement of OCCUPA- | 4:Gooto |
| 5 | SI SII | be st | be pr | ace de |
| חודר א דודר | NK-TH | plnous | it may | tions on hash of acutificate |
| TAT I | ING I | AGE | o that | - Daniel |

supplied.

mation should be carefully supplied. CAUSE OF DEATH in plain terms,

-WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1) | × | 6.3 | 4 | | |
|----|---|-----|----|---|--|
| 2 | 1 | 1 | í. | Ĵ | |
| | | | | | |

| 1. PLACE OF County | DEATH Washington | | 1248 | Registration | Dist. No. 3 | 01 | |
|---|---|--------------|--|---|----------------------|-----------------------|------------------|
| | ty N ea x y | | ζ (Ι | Nodeath occurred in a hospital or inst | | | |
| | ME Lemuel e: No. Same a | | | If U.S. Veteran spe | 人 | give city or town | |
| PERSON | AL AND STATIST | | | MEDICAL | CERTIFICATE | | |
| 3. SEX male | 4. COLOR OR RACE White | | RIED, WIDOWED, D (write the word) 1 ed | 21. DATE OF DEATH | | 12,1936 | , 193(Year) |
| 5a. If married, widowe HUSBAND of (or) WIFE of | d, or divorced Susan Day month, day, end year) | vis | .859 | 1) est saw harman aliva on | Y CERTIF | | ed deceased from |
| 7. AGE Year: 7 7 | s Months | Days 12 | If LESS than 1 day,hrs. ormin. | to have occurred on the date sto the PRINCIPAL CAUSE OF DE were as follows: | eted above, at | m. | Date of onset |
| Industry or b work was S. SAW MILL O 10. Date decesse o this occup year) | ion, or particular ork done, es SPINNER, Re BOOKKEFPER, atc | 11. Total ti | ime (years) life | Other Coutributery Causes of In | portance: |) | Prc. 85 |
| (State or count | , | | | no de | unens. | | |
| | (city or town) | | | Neme of operation | | Dete o | |
| 15. MAIOEN NAM | | Maillard | | 23. If death was due to external of Accident, suicide, or homicide? | auses (VIOLENCE) fil | Il in also the follow | ving: |
| | (city or town) Penn country) Penn ussell Mel | lott | R.F.D./ | Where did injury occur? Specify whether Injury occurred | (Specify city or | town, county and | State) |
| 18. BURIAL, CREMATI | on, or REMOVAL Creek Md | Date Feb | 16,1936 | Menner of Injury | | | |
| 19. UNDERTAKER (Address) | Albert Leas | | Md / | 24. Wes diseese or injury in any | way ralated to occup | ation of deceesed? | 700 |
| 20. FILED FSELF | 16,1936 La | En The | Ekara Registrar. | (Signed) (Address) UK | lecams | Bour | mol M.D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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|---|---------------------------------------|---------------|--|---------------|--|
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| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | MAR 9 1938 | July 5,1927 | Peritonitis | 3 days ago | |
| | MEAUVS. | | | | |
| Other contributory ca | uses of importance: | | Other contributory causes of importance: | 8 (1) | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

| ADDITIONAL S | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|-------|-----|---------|------------|----|-----------|
|--------------|-------|-----|---------|------------|----|-----------|

mportance:

1 year

CIAN

stated EXACTLY. PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA--WRITE PLAIN-Y, WITH UNFADING INK-THIS IS A PERMANENT KAC CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. FOR BINDING IARGIN RESERVED mation should be carefully supplied. AGE should be

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | (17-a) × |
| county Washington | Registration Dist. No. 3 |
| Village or City Thanks burg mcl | W |
| 06 | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred 52 urs. 11mos | 2 ds. How long in U.S. if of foreign blrth?yrsmosds. |
| 2. FULL NAME JOROG Hugh Mil | len |
| (a) Residence: No. | St. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| male 4. COLOR R RACE S. SINGLE, MARRIED, WIDOWED, OR BY VORCED (write the word) | 21. DATE OF DEATH A 9 193 6 (Month) (Oay) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) har 20 = 1883 | I last saw h. 1 alive on 29 , 19 3 6; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 11.3 Pm. |
| 52 11 10 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: |
| 8. Trade, profession, or particuler kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc. | gas the bless |
| SAWYER, BOOKKEEPER, etc. | In his and Hun whege to 29 4 |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| Oate deceased last worked at this occupation (month and spant in this | |
| year) occupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) Shearps burg had (State or country) Wash & o | |
| 13. NAME Samuel H miller | `: |
| 14. BIRTHPLACE (city or town) Sharfes being mer | Name of operation |
| (Stete or country) Wash 60 | What test confirmed diagnosis? Wes there an au'opsy? |
| 15. MAIDEN NAME margaratt Hart | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME margaritt Hart 16. BIRTHPLACE (city or town Sharks burry male | Accident, suicide, or homicide? Date of Injury 19 |
| (Stete or country) Wash Co | Where did injury occur? |
| 17. INFORMANT Jons Paul Davis (Address) Shahharas lown in va | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Sharfas burg na Dete 3 = 3 , 1936 | |
| 19. UNDERTAKER G & Summary & Ca | 24. Was disease or injury in any way related to occupation of deceesed? |
| (Addiess) RARays willer ma | If so, specify |
| 20. FILED 15 . , 136 Elf 130e Registrar. | (Signed) Galland Symbol M. D. (Address) Lund W. J. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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| Example 1 | 11 | Example II | |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage MAR 7 1936 | July 5, 1927 | Peritonitis | 3 days ago |
| REMEAU V S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC | ADDITIONAL | PACE FUR | FURTHER | STATEMENTS | BI | PHYSICIAN |
|---|------------|----------|---------|------------|----|-----------|
|---|------------|----------|---------|------------|----|-----------|

| | A. A. | STATE OF MARYLAND | CERTIFICATE OF DEATH 4131 |
|--|--|--|--|
| y item of infor- S should state t of OCCUPA- | | 1. PLACE OF DEATH | 94.8 |
| W | | county Mashinaton | Registration Dist. No. 302 |
| | m O O | Village or City to Q'CIO YS TO LUNGITE OF | No. 512 Guilard An. # 2 War |
| | .= 0 | 96- (If | death occurred in a hospital or institution, givents NAME instead of street and number) |
| | NS NS ent | Length of residence in city or town where death occurredyrs,mos. | ds. How long In U.S. if of foreign birth?yrsmosd |
| | CIA | 2. FULL NAME LOUISA III. TT illey | If U. S. Veteran, specify WAR |
| | rysi rysi stat | (a) Residence: No. 512 Cruil on A Pro- | St., Ward. |
| | P.F. | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | E. | 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH - shy 23 1936 |
| 25 | TI | 5a. If married, widowed, or divorced | |
| | V d S | HUSBAND of (or) WIFE of TO ary VV. | 22. HEREBY CERTIFY, That I attended deceased from |
| NIS NIN | SX2 | 6. DATE OF BIRTH (month, dey, and year) Jaury 16-1876 | I lest saw h alive on a or aver only - ; death is sai |
| | d d lerly cat | 7. AGE Years Months Days If LESS than | to heve occurred on the date stated above, at 12- Mid- miflet. |
| OF | mation should be carefully supplied. AGE should be stated EXACTLY. PHY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact TION is very important. See instructions on back of certificate. | (o C) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| | st st pr | 8. Trade profession or perticular | Coronary ohn m los: 2. Date of once |
| G | HIIS be be of | SAWTER, BOUNNEEPER, GIG. | (|
| S | uld nay ack | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| TARGIN RESERVED FOR BINDING E PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN should be carefully supplied. AGE should be stated EXACT. OF DEATH in plain terms, so that it may be properly classified is very important. See instructions on back of certificate. | SAW MILL, BANK, etc | | |
| ES | E Co | this occupation (nonth and year) - 1936 . spent in this 304 re | |
| | AG AG ion | | Other Contributory Cause of importance: |
| Z | DI. I. so uct | 12. BIRTHPLACE (city or town) 1 C 9 CY STO CY (State or country) | John they district of |
| INLY, WITH UNFADING INK—THIS IS A PERME be carefully supplied. AGE should be stated EXEATH in plain terms, so that it may be properly climportant. See instructions on back of certificate. | FA liec ms, ms, | # 13. NAME John H. Lorsh haugh- | |
| $\overline{\mathbf{A}}$ | D = 4 | E DIETURIOS CO | Nema of operation |
| | TO | 14. BIRTHPLACE (city or town). (State or country) | |
| | t pl | # 15. MAIDEN NAME 18 ath. m. Grath. | |
| | f in | 5 16, BIRTHPLACE (city or town) Chambers bring | Accident, sulcide, or homicide? Date of Injury19 |
| | Mation should be carefully supplied. AGE should be stated EXACTLY. PHYSIC CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state TION is very important. See instructions on back of certificate. | (State or country) | Where did injury occur? |
| | im im | 17. INFORMANT Max x W. Miller | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, |
| | PL/ ould F I ery | (Address) Hayerstown, Md. | ·, |
| | | 18. BURIAL, CREMATION, OR REMOVAL W | MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended deceased (Vei Month) 19 to 19 1 lest saw h alive on A or arm Pale (death) to heve occurred on the date stated above, at 12- Wild Wife of the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 22. Other Coatributory Cause of DEATH and related causes of importance were as follows: 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? 33. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 24. Was diseese or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) |
| | SE N | Place Muyers Town. Date 23, 190 | Nature of injury |
| E PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REshould be carefully supplied. AGE should be stated EXACTLY. 3 OF DEATH in plain terms, so that it may be properly classified. Exais very important. See instructions on back of certificate. | 19. UNDERTAKER A.K. Corx man. | 24. Was disease or injury in any way related to occupation of deceased? | |
| | (Address) Hager Stown. | If so, specify | |
| is is | | 20. FILED 2-24-, 193 6 6 HASH Downer | |
| 11. 5 | TITTLE | Registrar. | (Address) |
| Vict | W | If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

STATE OF MARYLAND—CERTIFICATE OF DEATH 2131

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | | 1 |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenleritis | 1 year |
| | | | 2 1 |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | (50) V |
| county Washington | Registration Dist. No. |
| Village or City Hageystown | No. 2113 Gay. St., Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds. |
| 70. Ma M 15.11. | |
| (a) Recidence: No. 2113 (7 d.) | - If JL S. Veteran, specify WAR |
| (a) Residence: No. 2011 3 G Qu (Usual Alace of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Thursday Vyh, Ye Married Married | 21. DATE OF DEATH Tely 19. 193 (Month) (Oay) (Year) |
| 5a. If merried, widowed, or divorced HUSBANO of | 22 I HERERY CERTIEV That I attended deceased from |
| (or) WIFE of Levi | aug 8 1935 to 7 ch 19 1936 |
| 6. DATE OF BIRTH (month, day, and year) & ua 23, ~1868 | l lest saw h 2 ellve on 7 el 12 , 19 36; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, etm. |
| 6715 16 ormin. | The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: |
| 8. Trede, profession, or perticuler kind of work done, as SPINNER, | Carcinoma loth Breado 1934 |
| 9 Industry or business in which work was done, as SILK MILL. | with metatation of Sungs |
| 10. Oate decessed lest worked at this occupation (month and yeer) | |
| (Usual face of abode) PERSONAL AND STATISTICAL PARTICULARS I. SEX 4. COLOR OR RACE OR DIVORCED (write the work of the work | Other Contributory Causes of importence: Myocasolitis chs |
| # 13. NAME \ \) - D. WEQUEY- | |
| E 14. BIRTHPLACE (city or town) Hedges ville | Neme of operation |
| | |
| 5 16. BIRTHPLACE (city or town) Millstone | 4. COLOR OR RACE OR DIVORCED (winted he word) Wed, or divorced 22. I HEREBY CERT I FY, Thet I stitunded decessed from (Year) (month, day, end yeer) Duay 2 2 2 8 6 9 I lest saw h 2 elive on 3 lest said ars Months Days II LESS than I day, hits or min. (month, day, end yeer) Duay 2 2 2 8 6 9 I lest saw h 2 elive on 3 lest said above, et 2 2 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: (work done, as SPINNER, the continuation of decessed) (b) Continuation of the date stated above, et 2 2 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: (c) Continuation of the date stated above, et 2 2 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: (c) Continuation of the date stated above, et 2 2 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: (c) Continuation of the date stated above, et 2 2 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: (c) Continuation of the date stated above, et 2 2 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were a follows: (c) Continuation of the date stated above, et 2 2 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were a follows: (c) Continuation of the date stated above, et 2 2 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were a follows: (c) Continuation of the date stated above, et 2 2 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were a follows: (c) Continuation of the date stated above, et 2 2 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were a follows: (d) Continuation of the date stated above, et 2 2 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were a follows: (d) Continuation of the date stated above, et 2 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were a follows: (d) Continuation of the date stated above, et 2 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importa |
| 17. INFORMANT MY Levi Mills. | |
| 18. BURIAL, CREMATION, OR REMOVAL 4 | • |
| 19. UNDERTAKER FIX. Out you are (Address) He a character from the contraction of the cont | |
| 20. FILED 20-, 1936 Chart Bocco Registrar. | (Signed) H. S. Botterfield M. O (Address) 13 6 W. Washington II |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | 15 16 |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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| STATE OF | MARYLAND- | CERTIFICATE OF DEATH | |
|--|--|--|---|
| 1. PLACE OF DEATH | | 7 | |
| County Washing | Con | Registration Dist. Np. | 02. |
| Village or City Hangar | Lown | No. Washington County Hosel | 3 Ward |
| Length of residence in city or town where dea | | death occurred in a hospital of institution, give its NAME instead of street and | |
| 000 | m I D | | mosus |
| 2. FULL NAME CALLER | 110000 | If U.S. Veteran, specify WAR | |
| (a) Residence: No. | (Usual place of abode) | Ward. If nonresident give city or town ar | nd State |
| PERSONAL AND STATISTIC | AL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5 | S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH | |
| formale while | Widow | (Month) (Day) | (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | 22. HEREBY CERTIFY. That I attende | d danaged from |
| (or) WIFE of Walker C | 2; Mobley | Feb. 1 1936 to Feb. VB | 1936 |
| 6. DATE OF BIRTH (month, day, and year) | V. 5 1863 | I last saw half alive on Fib. V3 193 | 4 death is sai |
| 7. AGE Years Months | Days If LESS than | to have occurred on the date stated above, at 45-3-2m. | |
| 8283 3 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Dataslassa |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | it //- | 00 12 0 | Date of ourse. |
| SAWYER, BDDKKEEPER, etc | a itoma | within Ichnosed Teneral, | 1- |
| work was done, as SILK MILL, SAW MILL, BANK, etc | 1.4 4 9 | Company of the Compan | |
| 10. Date deceased last worked at this occupation (month and | 11. Total time (years) | margues course. | |
| year) | occupation | Other Coutributory Causes of importance: | |
| 12. BIRTHPLACE (city or town) | ncoft | Other Countries of Importance. | |
| (State or country) | ma 1 | | |
| 13. NAME Leonge | · Boygl | | |
| 4 14. BIRTHPLACE (city or town) | an coffes | Name of operation Date of | |
| (State of country) | ma. | What test confirmed diagnosis? Was there are | aulopsy? |
| 15. MAIDEN NAME Catherin | 10 Mainting | 23. If death was due to external causes (VIOL ENCE) fill in also the followi | |
| O 16. BIRTHPLACE (city or town) | End. | | , 19 |
| THE THE | -100 Edoor | | |
| 17. INFORMANT (Address) | Campback nie | Specify whether things occurred in Hypostal, in home, of manager p | LAUE. |
| 18. BURIAL, CREMATION, OR REMOVAL | 2/ | Manner of Injury | |
| Place Hagewitown | Date 725, 1936 | Nature of injury | EBY CERTIFY. That I attended deceased from 1936, to Fig. 1936 death is sail attended above, at Fig. 1936 death |
| 19. UNDERTAKER &-ML Sc | der & Sons | 24. Was disease or injury in any way related to occupation of deceased? | |
| (Address) | long, med. | If so, specify | |
| 2D. FILED 2 - 25 - 1936 6 1 | sift dower | (Signed) J. A. Surpruseursett | |
| | Registrar. | (Address) Lifelliam Boux | 119 |
| If more blo | anks are needed, address State Registrar, | 2411 N. Charles Street, Matrimore, Requesting V. S. No. 1/ | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | |
| Arterioscierosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 B ż

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|---|
| 1. PLACE OF DEATH | <u> </u> |
| County Chashington | Registration Dist. No. 3a5 |
| Village or City Beaver Creek | NoSt.,Ward |
| Length of residence in city or town where death occurred we mo: | f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds. |
| 1.5 | John Mary III Co. II of 1010gli bitting. |
| 2. FULL NAME Jan John | ingli |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Leb., 29 (0ay) (Year) |
| ia. If married, widowed, or divorced HUSBANO of (or) WIFE of | 22. The HEREBY CERTIFY. That I attended deceased from 1936 to Feb 29 1936 |
| B. DATE OF BIRTH (month, dey, and yeer) | I last saw here elive on Feb - 19 , 1936; death is said |
| AGE Years Months Days If LESS than | to have occurred on the date stated above, et 3.1.m. |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were es follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | |
| % Industry or business in which | (hometure |
| work was done, es SILK MILE, SAW MILL, BANK, etc | |
| 10. Oate deceased last worked at this occupation (month and spant in this | |
| year) occupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) | - |
| 13. NAME DOMES MANAGE | |
| 76 700 | |
| (State or country) | Name of operetion Date of Date of What test confirmed diagnosis? Was there an eutopsy? |
| 15. MAIDEN NAME Maria Clin Shand | 23. If death was due to external causes (VIOLENCE) fill in elso the following: |
| 16. BIRTHPLACE (city or town) New Hagesalonn | Accident, suicide, or homicide? Date of Injury 19 |
| (State or country) Charle. C. md. | Where did injury occur? |
| 17. INFORMANT Leage Mouriger (Address) Lange Transport | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 8. BURIAL, CREMATION, OR BEMOVAL | Menner of Injury |
| Place Delaver Creek Oate Jaba 29 , 1936 | Nature of mjuly |
| 19. UNDERTAKER TOM J. Bast Fory (Address) | 24. Was disease or injury in any way related to occupation of deceased? |
| 20, FILED John 28, 1936 (1) Shaw J- Bas | (Signed) . W. allay. M. t |
| Registrar. | (Address) 2000000. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|-------------|--|---------------|
| The principal cause of death and related eauses of importance were as follows: | 1 1 2 | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Completed how completes | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage WAR 5 1930 | July 5,1927 | Peritonitis | 3 days ago |
| - LEPAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | - 1 | | 1 |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

| STATE OF MARYLAND—CERTIFICATE OF DEATI | 12 | 1 | 2 |
|--|----|---|---|
|--|----|---|---|

| 1. PLACE OF DEATH | | | (AS-Q) DD S = - |
|---|-------------------|---|--|
| County Washington Village or City Hagers | town, | | on County Hospital Registration Dist. No. 30 2 On County Hospital St. 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town what | re daath occurred | | ds. How long in U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME George | C. Monin | ger. | If U. S. Veteran, specify WAR |
| (a) Residence: No. Broadf | ording R | oad | St., Ward. |
| | (Usual place | e of abode) | If nonresident give city or town and State |
| PERSONAL AND STATIS | | | MEDICAL CERTIFICATE OF DEATH |
| Male 4. COLOR OR RACE White | 5. SINGLE, MAI | RRIED, WIDOWED, | 21. DATE OF DEATH 21 21 6 (Month) (Day) (Year) |
| 5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of Josep | hineMoni | nger. | 22. I HEREBY CERTIFY, That I attanded deceased from |
| * | Aug 27 | | 2-/7- 1076, to 2-2, 19-5; death is said |
| 7. AGE Years Months 46 5 | Days 25 | If LESS than 1 day,hrs. ormin. | to have occurred on the date stated abova, at 1 1 1 3 0 m. M • M • The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc | Carpent | er | aut Jeller at the ? whe |
| SAW MILL, BANK, etc | 11, Total | tima (yaars) ant in this cupation | Aliver |
| 12. BIRTHPLACE (city or town) Washington County (Stata or country) | | | Other Contributory Canses of Importance: |
| | nan D. Mo | oninger. | |
| Washington County • 14. BIRTHPLACE (city or town) (Stata or country) | | | Name of operation Date of What tast confirmed diagnosis? Was thare an autopsy? |
| | rtha Shar | nk. | 23. If death was due to external causes (VIDLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) Washington County. (State or country) Md. | | | Accidant, sulcide, or homlcide? Date of injury, 19 |
| 17. INFORMANT Mrs Josephine Moninger. (Address) Hagerstow, Md | | | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Cemet Feb 24 36 | | | Manner of injury |
| 19. UNDERTAKER Fred W. Kraiss. (Addrass) Hagerstows Md | | | 24. Was disease or injury in any way ralated to occupation of decaased? |
| 20. FILED 23/ 1936 Charles our Registrar. | | | (Signad) M. D |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 11 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis MAR 6 1930 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 5 8 AU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gostroenteritis | 1 year |
| | | | |
| | | | |

S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|---|
| 1. PLACE OF DEATH | |
| County Washington | Registration Dist. No. 3 65 |
| Village or City Bedwer Creek | No. St., Ward |
| (If Length of residence in city or town whare death occurred Leyrs, | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foraign birth?yrsmosds. |
| 2. FULL NAME Sinfler of artin Y | nound U. S. Veteran, specify WAR (world trans |
| (a) Residence: No. 3 earn Creek | St. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| Male White married | (Month) (Oay) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) ***HFF of | 22. I HEREBY CERTIFY, That I attended daceased from |
| (or) Windtha Moser | , 19, to, 19, 19 |
| 6. DATE OF BIRTH (month, day, and year) August 11, 1896 | I fast saw h; death is seld |
| 7. AGE Yaars Months Days If LESS than | to have occurred on the date stated above, atm. |
| 39 40 5 26 1day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows: |
| 8. Trade profession or particular | Buxcides by spevoting Date of one of |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. | hunself in the headen |
| 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc | with a sa caliber Rifle |
| 0 18. 20 | |
| this occupation (month and spars) spent in this occupation (month and spars) | |
| yadı) Occupation 14 15 | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (aplumble | |
| (Stata or country) Wash, C., md. | |
| 14. BIRTHPLACE (city or town) Maplemelly | |
| 14. BIRTHPLACE (city or town). Maplemble | Neme of operation Oate of |
| (State of Country) Wash. C. md. | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Minus Weaven 16. BIRTHPLACE (city or town) Seneral | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 5 16. BIRTHPLACE (city or town) Benevala | Accident, suicide, or homicide? |
| (State or country) wash, co. md. | Where did Injury occur? |
| 17. INFORMANT No. armatha Moses. (Address) Beaver Creek md | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Detorber Creek Countampore Johnny 4, 1936 | Natura of Injury |
| 19. UNDERTAKEN DW Bad & Soy | 24. Was disease or injury In any way related to occupation of deceased? |
| 20. FILE Del. 8., 1936 William Registrat | (Signad & Edward & Deard ading Erroner M. D. (Address) Calcustown, Maryland |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

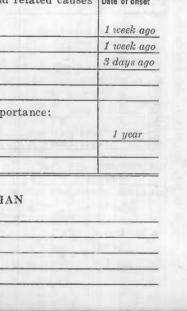
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | H | Example II | | |
|---|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| J. S. L. S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones . | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | <u> </u> | - | |



V. S. No. 1

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

| STATE OF MARYLAND—CERTIFICATE | OF | DEATH |
|-------------------------------|----|-------|
|-------------------------------|----|-------|

| 1) | " | ٠ |
|-----|---|---|
| 101 | 0 | 1 |

| 1. PLACE OF DEATH County Washington | | | Registration Dist. No. 3 |
|---|------------------------------------|-------------------------|---|
| Village or City Near J | /illiamsport li | Md fe (If de mos. | NoSt.,Ward ath occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Bett | Tane Myer | 8 | If U.S. Veteran specify WAR |
| (a) Residence: No. Same | | | St., Ward. |
| PERSONAL AND STATIST | TICAL PARTICULAR | 5 | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | | | Feb. 15, 1936 (Month) (Day) (Yeer) |
| female white single 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | (Month) (Day) (Yeer) 22. I HEREBY CERT1FY, That I attended deceased from 19 |
| 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months X 9 | Days If LES 1 dey, | S thanhrs. | l last saw h elive on |
| 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc | | | Child died of natural causes, probably pneumonia from history of case. Unable to get Md. Dr due to road conditions. |
| 12. BIRTHPLACE (city or town) Near (State or country) | Williamsport | Md | Other Contributory Causes of importance: Probably Lobar Jentumonia o QuiteR. Duration 2 3 Layers |
| 14. BIRTHPLACE (city or town) (Stete or country) Near Williamsport Md | | | Neme of operation Date of What test confirmed diegnosis? Was there en autopsy? |
| 15. MAIDEN NAME Blanche Bowers 16. BIRTHPLACE (city or town) (State or country) Near Williamsport Md | | | 23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| Earl Bowers 17. INFORMANT Williams ort Md R.F.D. 18. BURIAL, CREMATION, OR TEMOVAL | | • | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| Plece illiamsport Md Dete Feb 18, 19.36 | | | Menner of Injury |
| 19. UNDERTAKER Williamsport Ad | | | 24. Wes disease or Injury In any wey releted to occupation of deceesed? |
| 20. FILED Isby 17, 1936. A. D. OSoaci. Registrar. | | | (Signed) Harry L. Harsh J.K. William sport Mod. |
| If mo: | e blanks are needed, address State | Registrar, 24 | 111 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| 1 | Example II | | |
|---------------|--|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset | |
| 1921 | Run over by street car | 1 week ago | |
| July 5,1927 | Peritonitis | 3 days ago | |
| May 1,1923 | Other contributory causes of importance: | 1 year | |
| | 1915 1921 July 5,1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TION is very important.

should state of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1 3 | | | | |
|-----|---|----|---|--|
| 2 | 1 | .3 | y | |
| | 4 | () | | |

| 1. PLACE OF DEATH | (15) |
|---|--|
| County Waspington | Registration Dist. No. 307 |
| Village or City Samples Manor | NoSt.,Ward |
| | f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foralgn birth?yrsmosds. |
| | ' If U.S. Veteran specify WAR |
| (a) Residence: No. Donuslus Manor Mu | N St. Ward. ★ |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (register the word) | 21. DATE OF DEATH |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I attended decaased from 19 |
| 6. DATE OF BIRTH (month, day, and year) 4110 //0 //927 | I last saw h alive on, f9; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above at At |
| 8 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance wara as follows: |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, Salard Bry | DA P |
| kind of work dona, as SPINNER, SCHOOL BOY, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which | Toban Member 406/39 |
| work was done, as SILK MILL. | Encephalities lethorosica, or sleeping sick- |
| SAW MILL, BANK, etc | ness" Duration: three months level B |
| year) occupation | Other Contributory Causes of Importance: |
| 12. BfRTHPLACE (city or town) (State or country) | D Al faffer of The |
| | Preefitables formating |
| E | Name of a southern |
| (State or country) | Nama of operation Date of What test confirmed diagnosis? Was thera an autopsy? |
| # 15. MAIDEN NAME Rannie Corampsion | 23, If death was dua to external causes (VIOL ENCE) fill In also the following: |
| f5. MAIDEN NAME Connil Crampton 16. BIRTHPLACE (city or town) (State or country) Man 1.0 amily 6 mail | Accident, sulcide, or homicide? Data of injury, f9 |
| S (State or country) Mondy omery (a mol | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Harrey My ero | Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Sharpa Dura Malpate 116 21,1936 | - Nature of injury |
| 19. UNDERTAKER 9. R. Classolis' | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Billia Mila | If so, specify of the specific |
| 20. FILED Feb 20 to 1936 Cornelius H. Castle | (Signed Helley Shraey ff M. D. |
| Deputy Registrar. | (Address) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | | Example II | |
|---|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other and the territories | 2 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| IA | I. | I | ;] | į. | ;] | ;] | ;] | ;] | 1 | 3 | | (| (| ľ | J | 1 | 5 | 183 | 6 | 4 | - | 4 | - | 1 | 7 | Y | 3 | 7 | Ĺ | ł | E | I |) | P | J | J | | ľ | , | ľ | ì | 3 | , | Š | 3 | I |] | 3 | 7.0 | 7 | I | r | [| V | 1 | ľ |] | 0 | Ŀ |] | ľ | 1 | V | 1 | 3 | 3 | ŀ |] | 1 | [| I | 1 | , | 1 | 1 | Ą | E | Į | 2 | 7 | ľ | I | I | I | I |] |] | 1 |] | 1 | 1 |] |] |] |] |] |] | 1 | 1 | 1 | 1 | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | ľ | ľ | ľ | 1 |
|----|----|---|----|----|----|----|----|----|---|---|--|---|---|---|---|---|---|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

pe Jo

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PLAI

V. S. No. 1

certificate.

See instructions on back

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

| | | | | | 2.202 |
|--------------------------------------|--------------------------|--|--------------------------|---|------------------|
| 1. PLACE OF DEA | TH | | | (2)ann | 7.5 |
| County Washi | ngton | | | Registration Dist. No. | 02 |
| Village or City Ne | ar Hager | stown. | Md. | Np. St. | Ward |
| has the first the transfer | | | (If | ND. St., f death occurred in a hospital or institution, give its NAME instead of street and street | number) |
| | , | | | sds. How long in U.S. if of foreign birth?m | osds. |
| 2. FULL NAMEJ | acob N | Lyers | | f U. S. Veteran, specify WAR | |
| (a) Residence: No | Blair; | Valle (Usualplace | Y | St., Ward. | C |
| PERSONAL AN | ND STATISTIC | | | MEDICAL CERTIFICATE OF DEATH | State |
| | | | RIED. WID OWED. | 21. DATE OF DEATH | |
| | White | | (write the word) | Feb. 24. | , 193_6 |
| 5a. If marriad, widowad, or divi | | WIGO | wea | (Month) (Day) | (Yeer) |
| HUSBAND of | | | | 22. I HEREBY CERTIFY. That I attended | deceased from |
| Name of the second | Tarrie Mye | ers | | , 19, to | , 19 |
| 6. DATE OF BIRTH (month, da | y, end year) Je | n. 6. | 1880. | I last saw h alive on | .; daath is sald |
| 7. AGE Years | Months | Days | If LESS than | to have occurred on the date stated above, atm. | |
| 56 | 1 1 | 14 | ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were es follows: | Date of onset |
| 8. Trada, profassion, or p | articular as SPINNER. | | | | |
| SAWYER, BDDKKE | EPER, etc | | | | |
| work was done, as SAW MILL, BANK, | SILK MILL, | Farme | r | mul fraction | |
| 10. Date decaased last wo | orked at | | me (yaars) nt in this | - | - |
| this occupation (mo | onth and | spar | nt in this ipation | | - |
| 12. BIRTHPLACE (city or town) | Wash | Co. | | Other Coutributory Couces of importance: | |
| (State or country) | , | | | - | |
| E 13. NAME John 1 | Ivers. | | | | |
| 14. BIRTHPLACE (city or t | | h co | | Name of operation Date of | |
| (Stata or country) | omii/ | (-1: 0 (-1: 0-1: 0-1: 0-1: 0-1: 0-1: 0-1: 0-1: 0 | | What test confirmed diagnosis? Was there an a | |
| 15. MAIDEN NAME ME | ary | | | 23. If death was due to external causes (VIOLENCE) fill in also the following | |
| 16. BIRTHPLACE (city or to | own) 111 | 0- | | Accidant, suicide, or homicida? accelerate of injury | 4 1936 |
| ≤ (State or country) | wasii: | | | Where did injury occur Near Haz. Barg Carelo R | nle-40 |
| 17. INFORMANTAnd | drew J. 1 | Myers. | | (Specify city of town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL | ACE, |
| (Addrass) Merc | | | | Public Hypway | |
| 18. BURIAL, CREMATION, OR | REMDVAL | | 91 91 | Mannar of injury by they automob | C |
| Place Fairvie | ew-,Md | DateZ | 26 ,1936 | Nature of injury Acal Gradun | |
| 19. UNDERTAKERSnyc | der - Ro | owland | | 24. Was disaase or injury in any way related to occupation of deceasad? | |
| | learspy | A, Md. | 1-1 | If so, spacify | |
| 20. FILED 2 - 26 - | 1936 Joh | 01/ | Lowers | (Signad) Sollin D. Win | 22 MPO. |
| , | 1 | | Registrar. | (Address) (Action Coron | 111 |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example 1 | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| \$ 11 V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS | DDITIONAL | IONAL SPACE FOI | FURTHER | STATEMENTS | \mathbf{BY} | PHYSICIAN |
|---|-----------|-----------------|---------|------------|---------------|-----------|
|---|-----------|-----------------|---------|------------|---------------|-----------|

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

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| (| M) | of | - |
| 1 | | item of | |
| | 1 | CORD. Every item of PHYSICIANS should | |
| | - | | |

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | | (31) |
|--|--|---|
| County Washington | | Registration Dist. No. 302 |
| Village or City Hagers town | | No.116 High Street St. 5 Word |
| | 50 (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town whare daath o | | ds. How long in U.S. if of foreign blrth?yrsmosds. |
| 2. FULL NAME John G. No | | If U. S. Veteran, specify WAR |
| (a) Residence: No. 116 High | Street Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL | PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| What to Of | NGLE, MARRIED, WIDOWED, R DIVORCED (write the word) | 21. DATE OF DEATH Feburary 12, ,1936 (Month) (Day) (Year) |
| 5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Ida A. Ne: | ibert | 22. I HEREBY CERTIFY, That I attended dacased from |
| 6. DATE OF BIRTH (month, day, and year) June | 10. 1855 | 1 1 1 1 1 1 1 1 1 1 |
| 7. AGE Years Months | Days If LESS than 1 day,hrs. | to have occurred on the date stated above, at : 20 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| | tired R. R. | Christ Endocarditio 3-4 |
| 9. Industry or business in which work was done, as SILK MILL, EX | mploye e | " nephritis Har |
| 10. Dato deceased last worked at this occupation (month and year) | 11. Total time (years) spant in this occupation | |
| 12. BIRTHPLACE (city or town) Washing ((State or country) Md. | on County | Other Contributory Causes of importance: |
| 13. NAME Philip Neibert | | |
| 13. NAME Philip Neibert 14. BIRTHPLACE (city or town) Washing (State or country) Md. | ton County | Name of operation |
| 15. MAIDEN NAME Julia Wolf | | 23. If daath was due to external causas (VIDLENCE) fill in also the following: |
| 15. MAIDEN NAME Julia Wolf 16. BIRTHPLACE (city or town) Washing (State or country) Md | gton County | Accidant, sulcide, or homicide? Date of Injury, 19 |
| 17. INFORMANT Victor M. Neibe (Address) Hagerstown, Mo | erti. | (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. Date | Feby. 14,1936 | Manner of injury |
| 19. UNDERTAKER Fred W. Kraiss (Addrass) Hagerstown | | 24. Was disease or injury In any way related to occupation of deceased? |
| 20. FILED 2 - 14- , 1936 PHIS | However Registrar. | (Signed) - Men Dheille M. D. (Address) Hagy of my Med |
| If more blanks of | are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | 11 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis 6 1936 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| PINEAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | 1 |
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| TE | n sh | SE (| SI |
| WRI | latio | AU | TON |
| B | | 3 | TION is very important. See instructions on back of certificate. |

| STATE OF | MARYL | AND-CER | TIFICATE | OF | DEATH |
|----------|-------|---------|----------|----|-------|
|----------|-------|---------|----------|----|-------|

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | 93-2 |
| county VV.ashinaton | Registration Dist. No. 302 |
| Village or City TQ A PYSTOWN. | 1315100 |
| | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Langth of rasidence In city or town where daeth occurredyrsmos. | ds. How long in U.S. if of foreign birth?yrsmosds, |
| 2. FULL NAMERY'S Barbara E Newc | omey If U. S. Veteran, specify WAR |
| (a) Residence; No. 131 E Lea St. (Usual place of abode) | St., 3 Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, | 21. DATE OF DEATH |
| Femula VVIa Xe OR DIVORCED (write the word) | (Month) (Oav) (Year) |
| 5a. If married, widowad, or divorced | (mount) (day) (lear) |
| HUSBANO of (or) WIFE of | 22. HEREBY CERTIFY That I attanded daceased from |
| | , 1950, to 2/27, 1950 |
| 6. DATE OF BIRTH (month, day, and yaar) | I last saw harmen elive on; death is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, atm. |
| 79 8 9 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or perticular kind of work done, as SPINNER. | aris Selemi Carolio Vascular 10 yearso |
| kind of work done, as SPINNER, However & SAWYER, BOOKKEEPER, etc. | horase mil aunales of willahin |
| work was done, as SILK MILL. | 1949 facture |
| SAW MILL, BANK, etc | |
| this occupation (nonth and 11-1936 spant in this occupation (1) is | |
| Garage Carrel | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) | |
| | |
| 13. NAME S. Kiley Haus. | |
| 14. BIRTHPLACE (city or town) Bearer Creek | Name of operation Date of |
| (State of Country) | Whet test confirmed diagnosis? Www. Was there an aulopsy? 16 |
| 15. MAIDEN NAMEN Organist New Corner 16. BIRTHPLACE (city or town) Lawrey Creek | 23. If deeth was due to external causes (VIOLENCE) fill In also the following: |
| 5 16. BIRTHPLACE (city or town) Beavey Crade | Accident, suicida, or homicide? Dete of Injury, 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17, INFORMANTMYS Hazel Bloom | Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| (Addrass) Haylystom. Un | |
| 18. BURIAL, CREMATION, OR REMOVAL | Menner of injury |
| Place Ready Cruedic Date & C. 19.36 | Nature of injury |
| 19 UNDERTAKER AK Colkeau | 24. Was disasse or injury in any way related to occupation of daceased? As |
| (Address) Hanen William Iked. | If so, spacify J Thurby |
| 100 FUED 2 - 2 4 10 6 MASH 1 merces | (Signed) M. O. |
| 20. FILED Registrar. | (Addrass) |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | - ti | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| S. S. | 14 | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

ż

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 211 | |
|--|--|---|
| 1. PLACE OF DEATH | SERTIFICATE OF DEATH STATE | |
| Mach | 39 4 30 | > |
| County VI US NOTE TO THE COUNTY OF THE COUNT | Registration Dist. No. | |
| Village or City H a of ex Staum: | death occurred in a hospital or institution, give its NAME instead of street and nu | > Ward |
| Length of rasidance In city or town where death occurredyrs,mos. | | |
| 2. FULL NAME MYS ITTIME B HONE | make w U. S. Veteran, specify WAR | |
| (a) Residence: No. DIGS a Muller | Wast. 3 Ward. + | |
| (Usual place of abode) | If nonresident give city or town and S | tate |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH | 1. |
| remale white married | (Month) (Day) | 193_ L Q_L (Year) |
| 5a. If marriad, widowed, or divorced HUSBANO of | 22. I HEREBY CERTIFY, Thet I attended de | annead from |
| (or) WIFE of Lewis E. | 1-1-36 | 19 |
| 6. DATE OF BIRTH (month, day, end year) Carch 6-1888 | I last saw here alive on 2-23-36 | death Is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date steted above, at \$25.m. | |
| H 1 1 1 1 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| 8 Trade profession or particular | 0 + - | Oate of onsat |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Quality Come | 722-30 |
| 9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc | | *************************************** |
| SAW MILL, BANK, atc 10. Date decaased lest worked at this occupant in this spant in the spant in this spant in | | |
| o this occupation (month and 35 spant in this occupation) | | |
| mantingland | Other Contributory Causes of Importance: | |
| 12. BIRTHPLACE (city or town) (State or country) | Dulita | 1926 |
| 13. NAME THERE SMC COCACA | Journal of the second of the | 100 |
| 13. NAME DOWN COCOUNTY 14. BIRTHPLACE (city or town) Martinsburg | Name of operation Date of | |
| (State or country) | What test confirmed diagnosis? Was there an au | toneu? |
| 15. MAIDEN NAME Anne y curlet | 23. If death wes due to external ceuses (VIOLENCE) fill In also the following: | opsy! |
| 16. BIRTHPLACE (city or town) Mart ins burg | Accident, sulcida, or homicide? Date of injury | 19 |
| (State or gountry) W. ra. | Where did injury occur? | |
| 17. INFORMANT Chas-U. Nonemaker. | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC | E. |
| (Addrass) Chambers Virg Pa | | |
| 18. BURIAL, CREMATION, OR-REMOVAL O USTA - 1 | Manner of Injury | |
| Place January 1936 | Nature of injury | |
| 19. UNDERTAKER AK. CVYYMALL | 24. Was disease or injury in any way related to occupation of daceased? | |
| (Addrass) Hage Stoup, tu | If so, spacify | |
| 20. FILED 2 - 24- , 1936 CHAST Down | (Signad) (OCT (FOUR) | M. O. |
| | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Roquesting V. S. No.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL. | SPACE | FOR | FURTHER | STATEMENTS | RY | PHYSICIAN |
|-------------|---------|-----|---------|------------|------|-----------|
| UDDITIONAL | SI ALUE | LOW | LOWITHE | STATEMENTS | 10.1 | THISIUIAN |



V. S. No. 1

of OCCUPA.

certificate.

| STATE OF MARYLAND | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | 93-2 |
| County Chashing low | Registration Dist. No. 30 |
| Village or City Locust Grove | No. St., Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where deeth occurred syrsmos. | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME John R. Morris | 3 |
| (a) Residence: No. Locust Srove D | ndst., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Toll |
| Male Culite Single | (Month) (Dey) (Yeer) |
| 5a. If married, widowed, or divorced HUSBAND of | The state of the s |
| (or) WIFE of Single | 22. File HEREBY CERTIFY, That I attended decessed from |
| | I last saw hare elive on Feb 8 1936; death is said |
| 6. DATE OF BIRTH (month, day, end yeer) | to heve occurred on the date stated ebove, et & A m. |
| 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importence |
| 12 4 ormin. | were es follows: |
| 8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc | |
| 9. Industry or business in which | Chronic Musicardilis 1930 |
| 9, Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc | currice my care |
| Date deceased last worked at 11, Total time (yeers) | |
| this occupation (month and year) | |
| 12. BIRTHPLACE (city or town). Locust Grave | Other Contributory Causes of Importance: |
| (Stete or country) Crash, Co. md. | 7 |
| # 13. NAME Flancite morris | |
| 13. NAME Faration orris 14. BIRTHPLACE (city or town). Palessielle | Neme of operation |
| (State or country) | Whet test confirmed diegnosis? |
| | 23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following: |
| | |
| Stete or country) | Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19 |
| 2 30 | (Specify city or town, county and State) |
| 17. INFORMANT Q CHARACTER (Address) | Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Menner of injury |
| Place Rohmasille Md Octo Jel. 13. 1998 | Neture of injury |
| Porus de d'Office | |
| 19. UNDERTAKER (Address) | 24. Was disease or injury in any wey releted to occupetion of deceased? |
| 71 16 21 m grapes of de | (Signed) M. Leban M. D. |
| 20. FILED HO. 13 , 1936 / M Atthewel Nay entry. Resistrar. | (Address) Boonstow, |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | 1 | Example II | | |
|--|---------------|--|---------------------------|--|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago | |
| Chronic interstitial nephritis MAD 5 1936 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year | |
| | | | | |

| | ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--|------------|-------|-----|---------|------------|----|-----------|
|--|------------|-------|-----|---------|------------|----|-----------|

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED

V. S. No. 1

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | (II-0) |
| County Mashington | Registration Dist. No. 300 |
| Village or City anticatain md | No. St., War |
| A | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred \$5 yrs. | mos 22ds. How long in U.S. if of foreign birth?yrsmosd |
| 2. FULL NAME MADEL WALLS | rger |
| (a) Residence: No. Mulintaria mod | St., Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. | MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH |
| OR DIVORCED (write the word) | 2 28 100 L |
| 5a. If married, widowed, or divorced | (Month) (Dey) (Year) |
| HUSBAND of Barn and Otton Obrance | 22. 1 HEREBY CERTIFY, That I attended deceased from |
| and the second of the second of the | 2-24 1936 102-28 1931 |
| 6. DATE OF BIRTH (month, day, end year) When 6 = 1884 | 1 last saw plus alive on feb 28 1936; death is sai |
| 7. AGE Years Months Days If LESS than | The state of the date stated above, occ |
| 55 10 22 1 day,h | rs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8 Trade autofassion or particular 11 Alan A | Date of onset |
| kind of work done, as SPINNER, A or or SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and | Juphe . 2/20. |
| 9. Industry or business in which work was done, as SILK MILL, | By ongen-prumowa 2/25. |
| SAW MILL, BANK, etc. | |
| - I shall the state of the stat | A. |
| year) oc:upation NAM | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) From Washam | Do A A A.A. MI |
| (State or country) Wash Co md | - Klule Schaldern & M 2/287 |
| 13. NAME Sound myans 14. BIRTHPLACE (city or towns) and man | pearly 1 |
| 14. BIRTHPLACE (city or town darg and Ma | Name of operation Date of |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? Was there and autopsy? |
| 16. BIRTHPLACE (city or town) Dangan mol | 23. If death was due to external causes (VIOL ENCE) fill In also the following: |
| 6 16. BIRTHPLACE (city or town) Dangan mol | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) Washing Co | Where did injury occur? |
| 17. INFORMANT Damard Obsellanger | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| (Address) Harpers From Hora for Fo | 3 to 1 |
| 18. BURIAL, CREMATION, OR REMOVAL and 3 = 2 | Manner of injury |
| Place Thank thurg no Date 3 = 2 ,193 | 6 Nature of Injury |
| 19. UNDERTAKER CA & Sullingue & Co | 24. Was diseese or injury in any way related to occupation of deceased? |
| (Address) Krudysville md | If so, specify |
| 20. FILED 35/2 186 Ell Boy | (Signed) Wattur H- Just M. |
| Registrar. | (Ardress) Start Sund) Jud. |
| If more blanks are needed, address State Revistr | AT 2417 N Charles Street Relimore Pequeton (7) S No. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | li li | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis MAR 7 190 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUNGALI V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| - | | | |
|---|---|---|--|
| KD. Every | YSICIANS | statement | |
| r RECO | Y. PH | Exact | |
| MANEN | ACTL | lassified. | |
| S A PER | tated E | roperly c | ertificate. |
| HIS 1 | be s | be p | of ce |
| -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every i | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement | THON is very important. See instructions on back of certificate. |
| UNFA | supplied | n terms, | ee instr |
| , WITH | refully | I in plai | tant. S |
| AINLY | d be ca | DEATH | ' impor |
| E PL | shoul | OF] | g verv |
| -WRIT | mation | CAUSE | TION |

TION is ver

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 214, |
|--|--|
| 1. PLACE OF DEATH | 157-20 |
| county Washington | Registration Dist. No. 302 |
| Village or City Ha a CYSTown. | No. 731 Dale - St. / Ward |
| \ . (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| | ds. How long in U. S. if ol foraign birth?yrsmosds. |
| 2. FULL NAME Thad V. rainia taln | O. & YIf U. S. Veteran, specify WAR |
| (a) Residence: No. 7 3 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | St., / Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Single. | 21. DATE OF DEATH (Month) (Day) (Yeer) |
| 5e. Il marriad, widowed, or divorced | (month) (Day) (Teel) |
| HUSBAND ot (or) WIFE of | 22. I HEREBY CERTIFY, Thet I attended deceased from |
| A 1 10 | , 19, to, 19, |
| 6. DATE OF BIRTH (month, day, and year) Hori 3-1935 | I tast saw h alive on , 19 deeth is said |
| 7. AGE Years Months Days If LESS than 1 dey, | to have occurred on the date steted above, etm. The PRINCIPAL CAUSE OF DEATH and related causas of importance |
| | were es follows: |
| 8. Trada, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEPER, etc | |
| SAWYER, BOOKKEEPER, etc. 100 0 0 | unknown |
| 9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, etc | |
| kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceesed last workad et this occupation (month end yeer) | |
| 1) and the | Other Coatributary Causes of Importence: |
| 12. BIRTHPLACE (city or town) TT UU LYS 10 UM (State or country) | 200 |
| | Mucrocaphai e Law |
| I | |
| 4 14. BIRTHPLACE (city or town) Hagerstown. | Nema of operation Dete ol |
| | What test confirmed diegnosis? Was there en autopsy? |
| I L | 23. It death was due to extarnal ceuses (VIOL ENCE) fill in also the following: |
| 5 16. BIRTHPLACE (city or town) New Market (State or country) | Accident, suicide, or homicide? |
| (State of Equity) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Cuel L. Jalmer (Address) Hagerstoun will | Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner ol Injury |
| Place Hagerstown bete 1 lly 14, 1936 | Neture ol Injury |
| 19. UNDERTAKER A. K. Gattuau (Addrass) Haackton and | 24. Was disease or injury in eny way related to occupation of deceesed? |
| 20, FILED 2-14-, 1936-1011111 Registrar. | (Signed) MMM. Downers (Address) and my oroning |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, inining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | | Example II | |
|--|--|-------------|--|---------------|
| The principal cause of death and related causes Date of onset of importance were as follows: | | | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | MAR 6 1936 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephrit | is C | 1021 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | MINTAL) V. S | July 5,1927 | Peritonitis | 3 days ago |
| | And the second second of the second s | | | 100 |
| Other contributory caus | es of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

AGE should be stated EXACTLY.

properly classified.

pe

FION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.-WRITE PLAINLY,

V. S. No. 1

| Len | infor- | state |
|-----|----------------------|------------|
| M | Jo | |
| MX. | item | should |
| | Every item of infor- | CIANS |
| - | stono. | PHYSICIANS |
| | | |
| Ö | LNE | L L Y |

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | (2)0-(11) |
|--|---|
| County Mas hungton | Registration Dist. No. 302 |
| Village or City Jean Oralger Sur | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurredyrs,mos | |
| 2. FULL NAME Holand Benjamin | Carte 8. Veteran, specify WAR_ |
| (a) Residence: No. Funket Mu, (Usual place of abode) | Ward. 21 x - If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (spring the word) | 21. DATE OF DEATH # 193 6 |
| Mare Corca- Middiser | (Month) (Oey) (Yeer) |
| 5a. If merried, widowed, or divoreed HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| of account of arus. | , 19, to, 19, |
| 6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months Oavs If LESS than | l last saw h alive on; death is said |
| 1 day,hrs. | to have occurred on the date steted ebove, etm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importence |
| 8. rede, profession, or perticular | were as follows: |
| Sind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | |
| 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc | |
| 10. Oate deceased last worked et this occupetion (month and yeer) spent in this occupation | |
| 71/2 li et / | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) // (Stete or country) | 4 |
| EL 13, NAME Magle / Paris | |
| E VA | Name of acception |
| 4. BIRTHPLACE (city or town) / Call (State or country) | Name of operation Date of Whet test confirmed diagnosis? Wes there an autopsy? |
| 15. MAIDEN NAME / LURALINEUW | 23. If death was due to external causes (VIOLENCE) fill In elso the following: |
| 15. MAIOEN NAME (Suffuseer) 16. BIRTHPLACE (city or town) / Muleurauvu. | Accident, suicide, or homicideal Calant Date of injury |
| S (State or country) | Where did injury occuration some transformitagenolow |
| 17. INFORMANT Lat Therefore | (Specify city or fown, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. |
| (Address) Turkstown. Mad | middle bring Piks |
| 18. BURIAL, CREMATION, OR REMOVAL MICH. | Menner of injury fort by automobile |
| Place Tagling auvil, Date Jet, 19, 19/30 | Nature of injury prad and internal |
| 19. UNDERTAKER A. F. Seesleer | 24. Wes diseese or injury In. any way related to occupetion of deceesed? |
| (Address) Frankstown, Mid. | If so, specify |
| 20. FILEO 2 - 18 - 13 6 Charf Bower | (Signed) Attribute Williams |
| Registrar. | (Address) Actung Coroner |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

I week ago
I week ago
3 days ago

portance:

I year

| ord. Every item of infor- | HYSICIANS should state | t statement of OCCUPA- | |
|--|--|--|--|
| IS A PERMANENT REC | stated EXACTLY. Pl | properly classified. Exact | certificate. |
| -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | TION is very important. See instructions on back of certificate. |

| STATE C | F MAR | YLAND- | CERTIFICATE OF DEATH |
|--|--|--|--|
| 1. PLACE OF DEATH | | | |
| County Washington | | | Registration Dist. No. 203 |
| Village or City Big Spr | ing, Md | • | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where | deeth occurred 6 | yrsmos | death occurred in a norphial of institution, give its IVAIVIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| | | | If U. S. Veteran, specify WAR |
| (a) Residence: No. Big Sp | ring, M | d. of abode) | St., Ward. Il nonresident give city or town and State |
| PERSONAL AND STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH |
| Male 4. color or race White | 5. SINGLE, MAR OR DIVORCE W1 0.0 | RIED, WIDOWED, D (write the word) Wed | 21. DATE OF DEATH Rebruary 8, 193 6 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L. | Rhodes | | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, end yeer) | har 8 | 1875 | |
| 7. AGE Years Months | Days | If LESS than | to have occurred on the date steted above, atm. |
| 61 0 | 0 | I day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were assistations: |
| 8. Nade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | RailRoa | đ | with a 32 arciber bevolver |
| 9. Industry or business in which work was done, as SILK MILL, Se SAW MILL, BANK, etc | ction E | mployee | |
| SAW MILL, BANK, etc | | | |
| this occupetion (month end year) | spe occ | tima (years) ent in this upation | |
| 12. BIRTHPLACE (city or town) Washin (State or country) | gton Co | unty | Other Contributory Causes of importence: |
| 13. NAME Jacob D. Rho | des | | |
| 14. BIRTHPLACE (city or town) Washi | | ounty | Name of operation |
| (State of country) | | | What test confirmed diagnosis? Wes there an eutopsy? |
| T | | Country | 23. If death wes due to external causes (VIOLENCE) fill in elso the following: Applicant, suicide, or hemicide? |
| 16. BIRTHPLACE (city or town) Washington County (Stete or country) | | | Where did injury occur? Tout Shum Mark Les, Mod, |
| 17. INFORMANT Armand D. Rhodes (Address) Clearspring, Md. | | | Specify whether injury occurred in NDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | | | Menner of injury |
| Place St. Paul's Cem | le Toate Feb | · 1 <u>W</u> ,19 36 | Neture of injury |
| 19. UNDERTAKER Snyder-Rowls (Address) Clears prin | | ral Home | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED Feb 1 , 19 86 9 | w. M | l Registar. | (Signed) Colward Ceard, actual Corone (Address) Bageistown, Mod |
| If wore | blanks are needed, | address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

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| Example I | in the | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July5,1927 | Peritonitis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI. | ADDITIONAL | ONAL SPACE FOR | R FURTHER | STATEMENTS | BY | PHYSICIAN |
|---|------------|----------------|-----------|------------|----|-----------|
|---|------------|----------------|-----------|------------|----|-----------|

| STATE OF MARYLAND—CERTIFICATE OF DEATH 214 |
|--|
|--|

| 1. PLACE OF | DEATH | | | | |
|--|---|-----------------|-----------------------------------|--|------------------|
| County | 1 acyniges | Tr. | | Registration Dist. No. | 7-506 |
| Village or Č | ity Organis | isburg | ms | No. | St., War |
| guh | | // \ | (16 | death occurred in a horpital or institution, give its NAME instead of stre | et and number) |
| Length of rasio | dence in city or town where | death occurredO | yrs mos | ds. How long in U.S. if of foreign birth?yrs | d |
| 2. FULL NAT | ME March | ia . D. | Kurel | cast | |
| (a) Residence | ce: No. | | | St., Ward, | |
| (-) | | (Usual piace | of abode) | If nonresident give city or to | wn and State |
| PERSON | AL AND STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEA | ТН |
| Temale | 4. COLOR OR RACE | OR DIVORCE | RIED, WIDOWED, | 21. DATE OF DEATH & | |
| 5a. If married, widowed HUSBAND of (or) WIFE of | ed, or divorced John | J. Rine | hart | (Month) (Day) 22. 1 HEREBY CERT1FY, That I att | (Year) |
| | From | al_ | | The 14 199/ 10 Hele | 6 1931 |
| S. DATE OF BIRTH | month, day, and year) | | | | 9.3/ death is sa |
| . AGE Year | | Days | If LESS than | to have occurred on the date stated above, at m. | 7 |
| | 8- 3 | 14 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | 8 |
| 8. Trade, profes | sion, or particular | | ormin. | were as follows: | Date of one |
| kind of w | ork done, as SPINNER, BOOKKEEPER, etc. | Houses | ile | formal unition | 1 00 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, | | | | of alleons. | 1.00 |
| SAW MILI | done, as SILK MILL, L, BANK, etc | | | | |
| 10. Date decease this occup | d iast worked at eation (month and | | ma (years) t in this pation | | |
| n Bingilla an / 2 | Smit | haberry | | Other Contributory Causes of importance: | |
| 12. BIRTHPLACE (city (State or count | | les Chand | | elluster interacting | 1.93 |
| 13. NAME | Venne Z | | | Map servis | |
| | 1 2-1 | Olay | 01 | | |
| 14. BIRTHPLACE | | Mynn | horny | Name of operation Dat | te of |
| (State of | 000 5 | i les in | | What tast confirmed diagnosis? Was the | re an autopsy? |
| 15. MAIDEN NAM | Margare | us | Lamo | 23. if death was due to external causes (VtOL ENCE) fill in also the fo | Howing: |
| 16. BIRTHPLACE | (city or town) | lenon | 20 | Accident, suicide, or homicide?C Date of injury | |
| (State or | | | | Where did injury occur? | |
| 7. INFORMANT | mys lam | 1 Gens | en | (Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL | nd State) |
| (Address) | Ametist | my m | 2. | The public of th | TEACE. |
| 8. BURLAL, CREMATA | ON OR REMOVAL | 5- | 120 | Manner of Injury | |
| (secreta | burg Come | Date Tel | 8 36 19.36 | | |
| 9. UNDERTAKER | Alien 18 | Hann | - 37 | 24. Was disease or injury in any way related to occupation of decease | .d2 C |
| (Address) | Smith 6 | nog son | 1 | If so, specify | 001 |
| Tak 7 | 26 6 | 70112 | | (Signed) | |
| 20, FILED TO | , 19.3.4 | | Registrar. | | M. |
| | 7.5 | | | (Address) 24.11 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 5 1936 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | No. |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

3

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state D. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO FOR BINDING TION is very important. See instructions on back of certificate. KARGIN RESERVED V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | (3) |
| County Washington | Registration Dist. No. 202 |
| Village or City Acadelsia | No. 945 Forsest Dive st. 5- Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos | ds. How long in U. S. If of foreign birth?mosds. |
| 2. FULL NAME & alleune E. Kou | Cocici U. S. Veteran, specify WAR |
| (a) Residence: No. 7 4 5 4 out (Usual place of abode) | St., 5 Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH 1 |
| Temale Welste OR DIVORCED (wylie the word) | Dumany 10, 1936 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Yaar) |
| (or) WIFE of Herry Le. Rothrock | 22. CHEREBY CERTIFY That I attended deceased from |
| 11: 22 15(| 701 70 70 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | I last saw h |
| 1. AGE 16813 Montals Days IT LESS than 1 day,hrs. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular | were as follows: Date of onset |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc. | 0 |
| 9. Industry or business in which | Cororaux ochrosis 1 Upon |
| SAW MILL, BANK, etc. | 0 1 |
| 10. Data dacaasad last workad at this occupation (month and spant in this | |
| yaar) occupation | Dthar Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | Carme paymes I you |
| 13. NAME WALO EVELLY | Charles of the state of the sta |
| 14. BIRTHPLACE (city or town) (Stata or country) | Name of operation Date of |
| | What test confirmed diagnosis? |
| Ŧ / / / / / / / / / / / / / / / / / / / | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| O 16. BIRTHPLACE (city or town) (Stata or country) | Accidant, sulcide, or homicide? Date of injury, 19 Where did injury occur? |
| 201 111 D Mario A. | (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 17. INFORMANT (Addrass) 4 Q Q Q A T T T T T T T T T T T T T T T T | Specify whatter injury occurred in (NDOSTRI, IN HOME, OF IN FOREIG PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Mannar of injury |
| Place Washington, Date / 3 , 1936 | Nature of Injury |
| 19. UNDERTAKER G. M. Sutter 4- Sous | 24. Was disaasa or injury in any way related to occupation of deceased? |
| (Addrass) Hagerstours mi | If so, specify |
| 20, FILED 3-2- 1936 & hast Bower | (Signad) M.D. |
| Registrar. | (Addrass) Wagner 1 174. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | i | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |



| A. te | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|--|
| infor- state UPA. | 1. PLACE OF DEATH, | (lange) |
| ould occ | County Washington | Registration Dist. No. 30 2 |
| TABLE E | Village or City Vingulature | No. One St. 4 Ward |
| | (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| NS NS | Length of residance in city or town where death occurredyrs,mos | |
| Every SIANS ement | 2. FULL NAME Plaser Veryle gr | If U. S. Veteran, specify WAR |
| AD. Every YSICIANS statement | (a) Residence: No. Vine | St., 4 Ward. |
| | (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| X E | | 21. DATE OF DEATH |
| | O Propriet the word) | Feb 14 193 6 |
| ING NENT CTLY sified. | Sa. If married, widowad, or divorced | (Month) (Day) (Tear) |
| | HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I ettended deceased from |
| ND RMA X A class | | , 19, to, 19, |
| BINI PERM EXA Iy clas | 6. DATE OF BIRTH (month, day, end yeer) Quy 3 - 1935 | I last saw h; death is said |
| R A F ed ed fica | 7. AGE Years Months Days If LESS than 1 day, | to heve occurred on the deta steted above, at 10 9 m. |
| FOR Bl IS A PE stated E properly | 3 /7 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| - 70 | 8. Trada, profession, or particular kind of work done, as SPINNER, | |
| ED FILES | Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL. | |
| SERVI NK—T should it may n back | work wes done, as SILK MILL, SAW MILL, BANK, etc. | Muknow |
| SE SH | Date deceased last worked at this occupation (month and spent in this | a will to a solit |
| RES ING I AGE that | year) occupation | Other Couributory Causes of importanca: of death . Goods |
| ZATO | 12. BIRTHPLACE (city or town) Kagerstown | Other Countries of Importance. |
| RGIN VFADI plied. rms, so | (Stata or country) | malest: no Purther informations |
| JARGI UNFAI supplied. n terms, ee instru | 13. NAME Parall Royle | |
| 4 5 5 5 | 13. NAME 14. BIRTHPLACE (city or town) (State or country) | Name of operation |
| TTH I IIy su | (State of County) | What test confirmed diegnosis? Was there an autopsy? |
| INLY, WITH be carefully EATH in pla | 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| INLY, W be carefu EATH in important | [16. BIRTHPLACE (city or town) 1 agus Town | Accident, suicide, or homicide? Dete of injury, 19 |
| AINLY, de can DEATH | (State or country) | Where did injury occur? (Specify city or town, county and State) |
| | 17. INFORMANT IM KASH YEARL | Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| E PLA Should OF D | (Address) | |
| | Place Housealtwo Date tel 18 1936 | Manner of injury |
| -WRITE mation sl | 1 7 m 1 0 | Nature of injury |
| | 19. UNDERTAKER SLOW Y. Munnich Son | 24. Was disease or injury in any way related to occupation of deceasad? |
| B. B. | (Address) Hagustown Md. | (Signed) Ann Arramo |
| Si zi(T) | 20. FILED 2-18, 1936 All dowers | (Address) a Min a Coronia |
| | If more blanks are needed, address State Registrar. | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2. |
| | 3 Kept //ells - Hag & B1 | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | I I | Example II | |
|---|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis 6 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| And comes for the contract of | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | The state of the s | |



| | 20 |
|----------------|---------------------------|
| | T REC |
| FOR BINDING | G INK-THIS IS A PERMANENT |
| X | V |
| F | S |
| ESERVED | INK-THIS |
| ARGIN RESERVED | WITH UNFADING |
| | WITH |

PHYSICIANS should state TAD. Every item of infor-

> stated EXACTLY. properly classified.

AGE should be

mation should be carefully supplied.

B.—WRITE PLAINLY,

ż

certificate.

TION is very important. See instructions on back CAUSE OF DEATH in plain terms, so that it may

pe Jo

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLA | CE OF DEA | TH | ZI MAK | | (070) | |
|---|--|--------------------|--------------------------|-----------------------------------|---|---------|
| Cou | inty Wash | ington | | | Registration Dist. No. 302 | |
| Villa | age or City | agersto | WILL LIMITS O | p . | No. 253 Se. Mulberry St., Sdeath occurred in a hospital or institution, give its NAME instead of street and number) | Ward |
| | | | death occurred | (If | death occurred in a hospital or institution, give its NAME instead of street and number) 15. ds. How long in U.S. If of foreign birth? | de |
| 17-14 | | | | | | us. |
| | | | u Settle | | If U. S. Veteran, specify WAR | |
| (a) | Residence: No | 253 S. 1 | Mulberry (Usual place | Street of abode) | St Ward If nonresident give city or town and State | |
| PE | RSONAL AN | ND STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX | | or or race hite | | RIEO, WIOOWED, O (write tha word) | 21. DATE OF DEATH Perusry 6, 1936 (Month) (0ay) (Ye | er) |
| 5a. If marri | ad, widowed, or div ANO of (IFE of | orcad | | | | |
| (or) W | IFE of | | | | 22. I HEREBY CERTIF.Y. Thet I attanded decease | מוסדו נ |
| 6 DATE OF | F BIRTH (month, da | Fe and wear) | eby. 21, | 1934 | I last saw here alive on | Is said |
| 7. AGE | Years | Months | Oays | If LESS than | to heve occurred on the date stated abova, at 7:30A m. | |
| | 1 | 11 | 15 | 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca wera as follows: | |
| 8 Trade profession or particular | | | | | Date o | fonset |
| kind of work done, as SPINNER, Infant Child | | | | Child | robably bronchs. | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Infant Child 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaasad last workad at this occupation (month and | | | | | bon did not see | 4 |
| 10 Dai | SAW MILL, BANK, te decaasad last w | | 11 Total ti | ime (years) | Jeumoney () | - 12 |
| 0 | this occupation (m | onth and | sper | nt In this | chils ustel after austy | |
| | | . H cons | atown N | A | Other Contributory Causes of importanca: | |
| | LACE (city or town ate or country) | Md | stown, N | | | |
| 至 13. NA | ME Thom | s Sett] | les | | | |
| Professor | RTHPLACE (city or | | | | Name of operation Date of | |
| L 17. DIN | (State or country) | Mo | | | What test confirmed diagnosis? Tronk Was there an outopsy? | no |
| 15. MA | IOEN NAME H | elen His | TØS | | 23. If death was due to external causes (VIOLENCE) fill in elso tha following: | |
| I | RTHPLACE (city or | - | | | Accident, suicide, or homicide? Date of injury19 | |
| Σ | (State or country) | Md. | | | Where did injury occur? | |
| | MANT Mrs. | | | | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL | , CREMATION, OR | REMOVAL | | | Menner of Injury | |
| Plac | . Hagers | town, Mo | d. oata Feby | 8.,1936 | Natura of injury | |
| 19. UNOER | | d W. Kra | /4 | <i>l a</i> | 24. Was disease or injury in eny way related to occupation of decaased? | |
| 20. FILEO | 2-6 | 19366 | Kosh. | Registrar. | (Signed) Will Comeron (Address) Aflistown | M. D |
| | | If more | blanks are needed, | address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2. | _ |

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example 1 | 1 | Example 11 | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis MAR 6 1936 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | Paga and a second and a second | |

| ADDITIONAL SPA | E FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------|-------|---------|------------|----|-----------|
|----------------|-------|---------|------------|----|-----------|

V. S. No. 1

| STATE OF MARYLAND—CER | TIFICATE OF DEATH |
|-----------------------|-------------------|
|-----------------------|-------------------|

2153

| 1. PLACE OF DEATH | 100 20 |
|--|--|
| County Washington | Registration Dist. No. 50 2 |
| Village or City Hagerstown | No. Wash. Co Hospital St. Ward |
| (Ir | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,mos. Roy Frederick Sharon | ds. How long in U.S. If of foreign birth?yrsmos,ds, |
| 2. FULL NAME. | If U.S. Veteran specify WAR |
| (a) Residence: No. Pinesburg | St., Ward. 21 y - |
| (Ustral place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (nearlightle word) | 21. DATE OF DEATH |
| | (Month) F-⊖ D , 193 (Yeer) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFF of | 22 I HEREBY CERTIFY, That I attended deceased from |
| (or) WIFE of AAAAA | 1-20.6 1936 to Feb. 6 1936 |
| 6. DATE OF BERTH (month, day, and year) Dec. 10, 1935 | I tast saw h; death is said |
| 7. AGE Years Months Days tf LESS than | to have occurred on the date stated above, at |
| X 1 26 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 9 Trade profession or particular | Oate of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Neuronal hour |
| S. Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, | 2/5/36 |
| CAM BALL DAMY oto | /tev/e |
| O 10. Dete deceased last worked at this occupation (month and spant in this | *************************************** |
| year) occupation | Other Cantributary Caneca of importance: |
| 12. BtRTHPLACE (city or town) O. Pinesburgroud | HINE LXSIAM |
| (State or country) | |
| 13. NAME Charles Sharon 14. BIRTHPLACE (city or town) | Conganital Heart Tesion |
| 14. BIRTHPLACE (city or town) | Name of operation Oate of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIOEN NAME Clara Patton 16. BIRTHPLACE (city or town) | 23. If death was due to externat causes (VIOL ENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| -1 (State of County) | Where did injury occur? |
| 17. INFORMANT Charles Sharon | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| (Address) Pinesburg Md | |
| 18. BURIAL, CREMATION_OR REMOVAL_ | Manner of injury |
| Merkenite Cem. Glears pring , Feb. 19, 3 | Nature of Injury. |
| 19. UNDERTAKER Albert Leaf | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) / Williamsport Md/ | If so, specify |
| 20. FILED 2/8/ 1936 Conost Baccon | (Signed) V' Oaksa V OM M. O. |
| Registrar. | (Address) / O. R. Work, Dy, Ry |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | 2 11 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: AR 6 1936 | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis V. S. | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | 999 |
| County Marketon | Registration Dist. No. 306 |
| Village or City Cased a Mad. | No. St. Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,mos | ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME Cyles. Clerron | su sudeldecker |
| (a) Residence: No. 1000 Character of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OF RACE / 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Male OR DIVORCED (write the word) | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | (131) |
| (or) WIFE of Making of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Sept. 27, 1864 | 1936, 10 |
| 6. DATE OF BIRTH (month, day, and year) Soft 27, 1864 7. AGE Years Months Days If LESS than | lilast saw have alive on 1936; death is said to have occurred on the date stated above, at 5.32 m. |
| 1 2 2 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| trade profession or particular | were as follows: Date of oneset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL | |
| 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc | |
| SAW MILL, BANK, etc | |
| this occupation (month and spent in this occupation occupation | |
| wanted and mode med. | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) Control (State or country) | |
| 13. NAME VI A am Hindeldeeke | J |
| 13. NAME VIL am Hindeldeckus 14. BIRTHPLACE (city or town) | Name of operation. |
| (State of county) | What test confirmed diagnosis? Wall Was there an apropsy? 120 |
| 15. MAIDEN NAME MAY Brown 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 6 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury19 |
| ∑ (State or country) | Where did injury occur? |
| 17. INFORMANT Harry Chindelderke | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Bettiel Cametery Date 2/22 , 1936 | Nature of injury |
| 19. UNDERTAKER Walter y Grove | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Waynestoje Pag | If so, specify |
| 20. FILED At 20 136 Geoff Ferauson | (Signed) The Charles M.D. |
| locke Registrar. | Adjust of the Andrews |

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| T I | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |



MON is very important. See instructions on back of certificate.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH | 4 |
|--|---|-------------|
| 1. PLACE OF DEATH | (10) | |
| county Washington - | Registration Dist. No. 3// | |
| Village or City Lapbaus Cross | 9 wads. st. | Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and numb | er) |
| IM FVE OL | we. If U. S. Veteran, Specify WAR | |
| (a) Residence: No abopaus Cross R | ocusa. Ward. | |
| (Usual place of abode) | If nonresident give city or town and State | 8 |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) | 21. DATE OF DEATH () LLY 2 193 | 6 |
| 5e. If merried, widowed, or divorced | (Molith) (Dey) | (Year) |
| HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY That I attanded dece | ased from |
| 7 2 18/1 | 746 / ,1936 , to 746 . 2 | 19.3.6. |
| 6. DATE OF BIRTH (month, day, end year) | 10 34 0 | ath Is seio |
| 7. AGE Yeers Months Days If LESS than 1 day, | to have occurred on the dete stated above, et | |
| 8. Trade, profession, or perticuler | ware se follows: | te of onset |
| Kind of work done, as SPINNER, Housew: | Kahan P | ad. |
| 9. Industry or business in which | Acuto Conde - Deletitas will | o day |
| work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Deto decased iest worked at this preparation (month and | Valenanary Ederna 1/2 | kir, |
| 10. Deto decased lest worked at this occupation (month and years) spent in this occupation. | | |
| (Leiters burg | Other Contributory Causes of importance: | |
| 12. BIRTHPLACE (city or town) (State or country) | | |
| 13. NAME James A Hays- | | |
| 13. NAME 1000 H Hays- | Neme of operation Date of | |
| (State of County) | What test confirmed diagnosis? Wes there an eutop | sy? |
| 15. MAIDEN NAME TO LEGE TO Wagney 16. BIRTHPLACE (city or town) - 2.1 Yevs burns (State or country) | 23. If deeth wes due to axternal causes (VIOLENCE) fill in elso tha following: | |
| 5 16. BIRTHPLACE (city or town) - 2.1 Yevs bury | Accident, suicide, or homicide? Date of injury | , 19 |
| (Steta or country) | Where did injury occur?(Specify city or town, county and State) | |
| 17. INFORMANT MYS Goldie M. Mamee | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREMATION, OR REMOVAL | Mannar of injury | |
| Piece 211 LYS Diray My Dote Hilly 1, 1936 | Netura of injury | |
| 19. UNDERTAKER A. K. Corl man - | 24. Was disease or injury in any wey related to occupation of deceased? | |
| (Address) Lager Stoum, Lud | If so, specify | |
| 20, FILED Febris 3 1936, & S Bloand | (Signed) | М, С |
| Registrar. | (Address) Hagerslow | ng. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

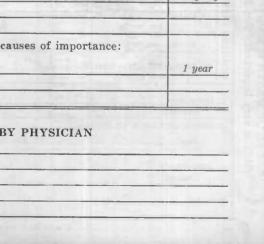
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREALL V. 8 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| - Automobile - Aut | | | |



V. S. No. 1

See instructions on back of certificate.

CION is very important.

| STATE OF MARYLAND | CERTIFICATE OF DEATH 215. |
|---|--|
| 1. PLACE OF DEATH | (122-0) |
| County VVQShington | Registration Dist. No. 302 |
| Village or City HQ aly Stown | No.16 M. Locust st., 3 Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,mos. | ds. How long In U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME TIY am J. Dm | IF U. S. Veteran, specify WAR |
| (a) Residence: No. 16 71. Locustic (Usual place of abode) | St. S Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCER (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced | (month) (buy) (1661) |
| HUSBAND of (or) WIFE of Amauda. | 22. I HEREBY CERTIFY That attended deepsed from |
| 6. DATE OF BIRTH (month, day, and year) Tules 8-1844 | Clast saw h in alive on 1936; death is said |
| 7. AGE Yaars Months Days If LESS than | to have occurred on the date stated above, at 14. J |
| 9/ 6 22. 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importanca ware as follows: |
| 8. Trade, profession, or particular | The intestinal obstruction was due to |
| kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc | a strangulated hernia |
| A Industry or business in which work was done as SILK MILL. | Chamit hyranders 18de |
| work was done, as SILK MILL, SAW MILL, BANK, etc | Oligini Mephili |
| Data deceased last worked at this occupation (menth and yaar) 11. Total time (years) spant in this 50.475 | |
| 12. BIRTHPLACE (city or town) Chews wille | Dther Contributory Causes of importanca: |
| (Stata or country) | A Tool O O Data R. 31 |
| 13. NAME Sonas Smith 14. BIRTHPLACE (city or town) Cheus ville | not due to concer. Oward. 1936 |
| 14. BIRTHPLACE (city or town) Cheus Ville | Nama of operation Management Data of |
| (State or country) | What test confirmed diagnosis? Was there an autopsylver |
| E 15. MAIDEN NAME L'ESCO Contre le 1911 | 23. If death was due to external causes (VIDLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicida, or homicide? Data of injury19 |
| S (State or country) | Whera did injury occur? |
| 17. INFORMANT ON TO JOD. M. Muller | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| (Address) CLAR (Address) 18, BURIAL, CREMATION, DR REMOVAL | |
| Place O all y STOWn Data July 3 1936 | Manner of injury |
| 1001 | Natura of Injury |
| 19 UNDERTAKER WILL SUR MARCH COMPANY | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) | If so, specify |
| 20. FILED 2-3- 1936 Black Boward | (Signad) M. D. |
| Registres | (Address) blacks the |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | II II | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of enset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| I MINTALLY. | S. | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

(Address) ____/Takena

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

ARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example 1 | 3 | Example 11 | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 227107100000707000 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 8 , 5 , 1 V S | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL. | SPACE | FOR | FURTHER | STATEMENTS | RY | PHYSICIAN | |
|-------------|-------|-----|-----------|------------|----|------------|--|
| UDDITIONAL | SIACE | ron | T UKILIEK | STATEMENTS | DI | FILLORULAN | |



V. S. No. 1

of OCCUPA-

| . STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|---|
| 1. PLACE OF DEATH | [3] |
| County Markenglor | Registration Dist. No. 367 |
| Village or City Saily Hook | No. St. Ward |
| | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME Farmes Smith | no Helian |
| () | Au West |
| (a) Residence: No. June (Usual place of abode) | Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| male while proposed | (Month) (Day) (Yaar) |
| 5a. If married, widowed, or divorced HUSBAND of | 22 LUEDEDY CERTIES THE ACCOUNT |
| (or) WIFE of Mina Minks | 1 HEREBY CERTIFY, That I attended decased from |
| 6. DATE OF BIRTH (month, day, and year) ling 30 185-4 | I last law h / M. alive on Fall 2 , 1936; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 130 P.m. |
| 8/ 5 7 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: |
| - 8. Trade, profession, or particular | Date of onset |
| SAWIER, DOORNELIER, CIC. | mi Out It I ? |
| Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | Chine Herital repuls. |
| U 10. Date daceased last worked at 11. Total time (years) | 1 |
| this occupation (month end spent in this occupation | munal murfullancy: |
| 12. BIRTHPLACE (city or town) / srg | Other Contributory Causes of Importence. |
| (State or country) | AHANT MUCCALAIL SOUPE |
| 13. NAME Junes Was Smith | 10000 |
| 14. BIRTHPLACE (city or town) / / / / / (State or country) | Name of oparation. Date of |
| (State of country) | What tast confirmed diagnosis? |
| 15. MAIDEN NAME College Teles | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Colling Telling 16. BIRTHPLACE (city or town) - Heading | Accident, suicida, or homicide? Date of injury, 19 |
| (State or country) | Whare did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT James A. Smills | Specify whethar injury occurred in INDUSTRY, in HOME, Or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manager of fact on |
| Place Sohres ville Mel Data Feb 8 1936 | Natura of injury |
| 0 4 1 + LS | n |
| 19. UNDERTAKER C | 24. Was disease or injury in eny way related to occupation of deceased? |
| 712 Mm HO. A. 11 | (Signed) M.D. |
| 20. FILED Allo 1926 Il for Matheure Nagewhar | (Addrass) RALLANLE AS - NA - |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Balimore, Requesting U. S. No. 1. |

CEDTIFICATE OF DEATH

CTATE OF MADVIAND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

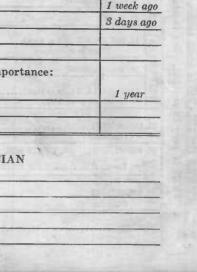
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1936 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SI | PACE 1 | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|---------------|--------|-----|---------|------------|----|-----------|
|---------------|--------|-----|---------|------------|----|-----------|



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimort, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| 4 | Example I | | Example II | |
|--|--|---------------|--|---------------|
| The principal cause of importance were a | of death and related causes s follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | MAD 6 1936 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nep | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | R AU V. S. | July 5, 1927 | Peritonitis | 3 days ago |
| 1,000 | | 3 | | |
| Other contributory c | auses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |

| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
|------------|----------------|---------------|--------------------------|--------|
| | ADDITIONAL SPA | ACE FOR FURTH | ER STATEMENTS BY PHYSICL | AN . |
| | | | | |
| | | | | |

d. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-KLY, WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. **IARGIN RESERVED FOR BINDING** TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be -WRITE PLAI

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | (36) 20 2154 |
| County Washington ITHE SORIOGATE LIM | Registration Dist. No. 307362 |
| Village or City DAS DIR TOWN | No. Sally own Sally St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos. | |
| 2. FULL NAME JOHN Manuel Sterme | If U.S. Veteran specify WAR |
| (a) Residence: No lo hest nut Srow med | /St.,Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State |
| | MEDICAL CERTIFICATE OF DEATH |
| Male While Married (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I ettended deceased from |
| S DATE OF DOTH (| l last saw h LM elive on Fift 1936 : death is said |
| 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than | 9/00 |
| 37/ 8 / 16 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance |
| & Trade profession or particular | Apricalessia Cause Date of onset |
| kind of work done, as SPINNER, COOPER SAWYER, BDDKKEEPER, etc 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) | Linksmann ? |
| work was done, es SILK MILL, SAW MILL, BANK, etc | No history of infrag a |
| 11. Total time (Jeals) | no history of any frimary danse. |
| this occupation (month end spant in this occupation occupation occupation) | Claimany Oshise of the septicerois Undnown. |
| 12. BIRTHPLACE (city or town) 18 18 18 18 18 18 18 18 18 18 18 18 18 | Other Contributory Causes of Importance: |
| | |
| E | Name of accretion have |
| (State or country) | Name of operation |
| 15. MAIDEN NAME SCHARL les Holmes. | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) - 16. BIRTHPLACE (city or town) | Accident, sulcide, or homicide? Date of injury, 19 |
| S (State or country) | Where did injury occur? |
| 17. INFORMANT MAS COSICE STEVENSON (Address) Christianite Grand medit | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL MACE | Manner of injury |
| Place Sampsia Manor Date 1160 10, 1986 | Nature of injury |
| 19. UNDERTAKER J. L. C. C. S. L. C. C. S. C. | 24. Was disease or injury in any way related to occupation of deceesed? 2.6 |
| 20. FILED Feb 10 , 1936 Correlius H. Castle Registra. | (Signed) VFB: Reoper M.D. (Address) Boord poor hid |
| | 1411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 11 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephrite | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage MAR 5 1996 | July 5,1927 | Peritonitis | 3 days ago |
| SUPERU V. S | | | |
| Other contributory causes of importance: | - | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE FOR FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------------------|------------|----|-----------|
|------------------------------|------------|----|-----------|

IYSICIAN



| | K | IX | S | |
|--|--|--|--|-------------------------|
| | RECC | . PI | Exact | |
| Different transmitted to the principal | WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOR | nation should be carefully supplied. AGE should be stated EXACTLY. PHY | AUSE OF DEATH in plain terms, so that it may be properly classified. Exact s | |
| TOTA | IS A P | stated | properly | A 2:4 |
| 1 | HIS | pe | be . | 3- |
| ANTERNA | INK-T | should | t it may | |
| דאו אדו | DING | . AGE | so that | -4. |
| COTTO | UNFA | supplied | terms, | |
| | WITH | efully s | in plain | 7 |
| | AINLY, | d be car | DEATH | Story Story Story Story |
| | E PL | lnous | E OF | |
| | WRIT | ation | AUSE | TACA |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | |
| county Mashinaton | Registration Dist. No. 302 |
| Village or City HO Q CYSTATILINITE OF | No. 509 Serva & St., Sward (death occurred in a hospital or institution, give its NAME instead of street and number) |
| | ds. How long in U.S. it of foreign birth?yrsmosds. |
| 2. FULL NAME Elmer F Stone | S. X2 V If U. S. Veteran, specify WAR |
| (a) Residence: No. 1009 George | St. 9 Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| male White married. | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY. That I attended deceased from |
| (or) WIFE of Margaret | Oct. 5 1935 10 Feb. 3 1936 |
| 6. DATE OF BIRTH (month, day, and year) - 2 h (2 7 - 186) | I last saw h is alive on Feb. 3, 1936 death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| 74 \\ 19 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8 Trade profession or particular | Osto procleme Data ot onset |
| Kind of work done, as SPINNER, Dutcher SAWYER, BOOKKEEPER, etc. | |
| 9. Industry or business in which | |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | · L |
| 11. Total time (years) this occupation (month and | Di. |
| year) - Furice 19 81. occupation 304 Y.S. | Other Contributory Couses of Importance: |
| 12. BIRTHPLACE (city or town) 12 Outtimbre | |
| (State or country) | |
| 13. NAME Daniel Stonesiyer 14. BIRTHPLACE (city or town) Me showing | |
| [14. BIRTHPLACE (city or town) M2 cham; cshung | Neme of operation Date of |
| (State of Country) | What test confirmed diagnosis? Was there an autopsy? |
| # 15. MAIDEN NAME Isabell Redy | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 5 16. BIRTHPLACE (city or town) Me Chauseshurk | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANTY XS, Margaret Stonesifer | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Hagenstown wed | *************************************** |
| 18. BURIAL CREMATION, OR REMOVAL W. Va. 10 136 | Manner of Injury |
| Pidoca Mullo Water Date Olive 10, 1996 | Nature of injury |
| 19. UNDERTAKER A. K. COXY Man | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Hagerstown yay | If so, specify |
| 20. FILED 2-1936 Whoth Bowe | (Signed) Stope W. M. I |
| Registrar. | (Address) Hagerstonne, mode |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I | i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis AR 3 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | RY | PHYSICIAN |
|---------------|---------|------|------------------|--------------|------|-----------|
| TYDDATIONIZED | DI ALVE | TOIL | T. O ICT TITISIC | DIVITINITINI | 17.1 | LHISIOIAN |



V. S. No. 1 B FION is very important. See instructions on back of certificate.

of OCCUPA-

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH County Washington Village or City Hook stown | Registration Dist. No. 30 2 |
| 1.4 | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED A variety the more) | 21. DATE OF DEATH 17 (Month) (Day) , 19276. |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from Moss 3. 1929, to Harman 17. 1936 |
| 6. DATE OF BIRTH (month, day, and year) O-CT 6-1872 | t tast saw han alive on Title 1936; death is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, a P. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Cordine hypertrop by 5 with hypertensive Date of onest heart disagrees every of Deseation reven years. |
| 9. Industry or business in which work was done, as Stl k MILL, SAW MILL, BANK, etc | Hypothisis |
| 12. BIRTHPLACE (city or town) - May Cand | Other Contributory Causes of Importance: |
| 13. NAME John W. Storey | hear |
| 13. NAME John W. Storey 14. BIRTHPLACE (city or town) | Name of operation Date of |
| CState or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MALDEN NAME 16. BIRTHPLACE (city or town) (State or country) | 23. tf death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 17. INFORMANT Hus, Service Story, | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place / Cagenstown Date 2/19 , 193.6 | Manner of injury |
| 19 UNDERTAKER 6 - M. Suter 80002 (Address) Hagepytoury mod | 24. Was disease or Injury in any way related to occupation of deceased? |
| 20. FILED 2 - 19-, 1936 A MASTILDEN CONTROL Registrar. | (Signed) XIII M. D. (Address) Tegus forum In A |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| P. V. B. | M | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

| | 4 te r | STATE OF MARYLAND— | CERTIFICATE OF DEATH 218 | |
|----------|---|--|--|-----------------|
| 1 | state UPA- | 1. PLACE OF DEATH | J070) D | |
| M | 7.5 | county VVashing ton | Registration Dist. No. | 22 |
| | should of OCC | Village or City Tage & Stoun. | No. Vesh Coltoputal st. | 3 Ward |
| | .= .0 | Langth of residence in city or town where death occurredyrs,mos. | death occurred in a hospital or institution, give it! NAME instead of street and n | |
| | D. Every YSICIANS statement | 2. FULL NAME JOS Frankling Stou | 11. | 5 |
| | Cond. Ever PHYSICIAN ict statemen | Saar | LYLY If U.S. Veteran, specify WAR | |
| | 1 () | (a) Residence: No. (Usual place of abode) | St., Ward. E X - If nonresident give city or town and it | State |
| 10 | REC. PH Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| | EX. EX | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) | 21. DATE OF DEATH | 6 |
| Ö | T L ed. | Male While married | (Month) (Day) | (Year) |
| Z | MANE A C T assified | 5e. If marriad, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY That I attanded | deceased from |
| J. | X X A class | white enavione | Yeb 13 196 to Feb. 24 | 19 36 |
| BIND | | 6. DATE OF BIRTH (month, dey, and year) 1 49 | I lest saw ht a aliva on Feb. 4, 1936 | ; daath is said |
| 2 | IS A PE stated E properly certificate | 7. AGE Years Months Days If LESS than 1 dey,hrs. | to have occurred on the date stated above, atm. | |
| FO | IS A I stated proper ertifica | 2 6 / V 2 3 ormin. | The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were es follows: | Date of onset |
| | he be lof cof cof | 8. Trede, profassion, or perticular kind of work dona, es SPINNER Matal Workers SAWYER, BOOKKEEPER, etc. | Bron cho Enlumonis. | Da 17 |
| RESERVED | TH Id I | 9. Industry or business in which | form in preumonia | 101/ |
| SR | should it may n back | work was done, as SILK MILL) aug STN Ca - | | |
| SSI | E (1) | 11. Total time (years) this occupation (month end | | |
| R | NFADING I oplied. AGE erms, so that instructions | yaar) - 4 - 1430 occupation - 3 - 443 | Other Contributory Causes of importance: | |
| Z | DIT. So so ucti | 12. BIRTHPLACE (city or towb) (State or country) | | |
| RGIN | UNFA supplied n terms, ee instru | # 13. NAME Raubin A Stouter. | | |
| [A] | | II . | Name of operation Dete of | |
| S | = -= 00 | 14. BIRTHPLACE (city or town) | What test confirmed diagnosis? Wes there an a | utonev? |
| | X, WITI carefully lH in pla ortant. | TE 15. MAIDEN NAME SUS ON Sloyling | 23. If death was due to external causes (VIOLENCE) fill in also tha following: | |
| | be carefu EATH in i | 0 16. BIRTHPLACE (city or town) TOWN how have | Accident, suicide, or homicide? Date of injury | , 19 |
| | ALVEY, d be ca DEATH y import | ∑ (State or country) | Where did injury occur? (Specify city or town, county and State | |
| | ADE DE | 17. INFORMANT 9. J. Stouter | Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA | CE. |
| | S PLA Should OF D | (Addrass) 18. BURIALI CREMATION, OR REMOVAL | | |
| | | Place Querstorm Date Jely 27 1936 | Mennar of injury | |
| | WRITE mation s CAUSE TION is | dicord. | Nature of injury | (1) |
| 0.1 | TOT | 19. UNDERTAKER (Address) | 24. Was disassa or injury in any way ralated to occupation of decaesad? | |
| S. No. | B | 2-25-30 Blackson | Signad) Mulip & Asecus | M, D |
| 7. | z | 20. FILED, 19 Registrar. | (Address) Rogsathun lul | |
| . 41 | ushun | If more blanks are needed, address State Registrar, : | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

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| | Example I | 1 | Example II | |
|---|---------------------------------------|---------------|--|---------------|
| The principal cause o of importance were as | f death and related causes s follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial neph | ritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | 6 1036 | July 5,1927 | Peritonitis | 3 days ago |
| | · MAILY S. | | | |
| Other contributory ca | uses of importance: | | Other contributory causes of importance: | (POST 3 |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| ADDITIONAL SPAC | E FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|-----------------|-------|---------|------------|----|-----------|
|-----------------|-------|---------|------------|----|-----------|

2

V. S. No. 1

| STATE OF | MARYLA | ND-CERT | IFICATE | OF DE | EATH |
|----------|--------|---------|---------|-------|------|
|----------|--------|---------|---------|-------|------|

| 1. PLACE OF DEATH | AND CERTIFICATE OF BEATH 2163 |
|--|---|
| 111 | (152) D. H. S. W. 3. A. 3. |
| County Maskington | Registration Dist. Np. 30.3 |
| Village or City 10 leaks purg | ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs | |
| 2. FULL NAME Osthur So. Su | He cool If U. S. Veteran, specify WAR |
| | St., Ward. |
| (a) Residence: No. La Call Music place of about | |
| PERSONAL AND STATISTICAL PARTICUL | ARS MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (write | |
| male while man | (Month) (Day) (Year) |
| 5a. If married, widowed, or diverced HUSBAND of | |
| (OF) WIEGOT Minewa Suffer | 122. HEREBY CERTIFY. Thet I ettended dacesed from |
| 012 511 | |
| 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months Deys II | LESS than to have occurred on the date stated ebove, et 3 |
| | y,hrs. The PRINCIPAL CAUSE OF DEATH end releted causas of Importence |
| | Dete of onset |
| 8. Trade, profession, or perticular kind of work done, es SPINNER, | Jon 28 |
| - SAWTER, DUDNIEFER, etc. | secondary to |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | access of right onoward 1101/13 |
| 11. Total tima (ye | |
| this occupation (month and spent in the occupation | |
| 12. BIRTHPLACE (city or town) Maryla | Dther Contributory Causes of importence: |
| (Steta or country) | |
| # 13. NAME & amuel #. Sull | econ |
| 13. NAME Samuel A. Suff | Neme of operation Home Dete of |
| (State or country) | What test confirmed diagnosis? |
| E 15. MAIDEN NAME Relegge block | 23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following: |
| 王 | |
| 16. BIRTHPLACE (city or town) | Accident, sulcide, or homicIda? |
| 21. C. O S. LO | (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 17. INFDRMANT (Address) | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION OR REMOVAL | Manner of injury |
| Place Stitant ben Date 7/6 | Neture of injury |
| 1 m liter | Min |
| 19. UNDERTAKER 10 - 11 SURELY 2011 (Address) | 24. Was disease or injury In eny way related to occupation of deceased? |
| 8 6 15 G1 0 11 31 | (Signad) David N. Brewer M. D. |
| 20. FILED (20. 1966) | Registrar. (Address) Clear spring Md. |
| If more blanks are needed, address | State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 10A 6 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 2164 |
|---|--|
| 1. PLACE OF PEATH / | 93-0 |
| County Washington | Registration Dist. No. 30 2 |
| Village or City No Joury | No. St. Ward |
|) 7) (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or two where death curred yrsmos. | ds. How long in U.S. If of foreign birth?yrsmos,ds. |
| 2. FULL NAME Late Tyleman | |
| (a) Residence: No. | St., Ward. X |
| (Usual place of affode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. 4. COLOR OF RAGE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| temple While Words (wire the word) | Feb. 6 1936 |
| 5a. If married, widowed, or divorced/ | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of Factor (Constant) | 22. HEREBY CERTIFY That I attended deceased from |
| MA 1. 22 18/1 | 1932 ,19 to 7-16-6 ,1936 |
| 6. DATE OF BIRTH (month, day, and year) | I last saw helle elive on 3-46, death is seld |
| 7. AGE Yeers Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, et 6 |
| 7 0 0 40 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc. | W.A. O. |
| | 1 Jocardelis Lucius, 1913 |
| 9. Industry or business in which work was done, as SILK MILL. Leen January SAW MILL, BANK, etc. | |
| SAW MILL, BANK, etc | |
| year) | Other Coutributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) July Status Status | The state of this policy is a second state of the state o |
| (State or country) | No definite Course |
| 14. BIRTHPYACE (city or town) Fundentialis (City or country) | |
| 14. BIRTHPLACE (city or town) Tunfullation | Name of operation Date of |
| (State of Country) | What test confirmed diagnosis? Wes there an autopsy? |
| 15. MAIDEN NAME 15. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) | Accident, sulcide, or homicide? |
| (State or county) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Jewish Aleman | Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| (Address) 18. BURIAL CONATION, OR REMOVAL | |
| Place Doon Come Come Feb. 9. 1936 | Manner of Injury |
| West Trans Vilas | |
| 19. UNDERTAKER (Address) 70 pour bold) Tarif | 24. Was disease or injury in any way related to occupation of deceased? |
| 7.107 71 1041416 2001 | (Signed) MD |
| 20. FILED, 19 Company Registrar. | (Address) Williams Loud met |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting T. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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| Example I | li li | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis (1500) | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | The second second second | |

| ADDITIONAL SPACE FOR FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------------------|------------|----|-----------|
|------------------------------|------------|----|-----------|

| XX | infor | stat | UPA |
|-----|---------------------|------------|---------------------|
| (M) | of | pli | CC |
| XX | item | pluods | o Jo |
| | Every item of infor | PHYSICIANS | statement of OCCUPA |
| | STO. | YSI | stat |
| | 5 | PH | act |

Exact star

classified.

properly

stated EXACTLY.

AGE should be

supplied.

mation should be carefully

-WRITE PLAI

V. S. No. 1 ä CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1 | 1. P | 1. PLACE OF DEATH County Washington Village or City Hagerstown | | | | | 53-50 | 5 | 21.00 |
|--------------|---|---|-----------------------|---------------------|------------------------------|------------------------------------|---|---|-------------------|
| 1 | | | | | | | Reg | istration Dist. No. | 302 |
| | | | | | | | No.Washington Cpu | | al 3 w |
| 1 | | | | | | (If | death occurred in a hospital or institution, give | its NAME instead of street | and number) |
| | | Langth of rasio | denca in ci | ity or town whare d | aath occurrad | .O_yrsmos | ds. How long In U.S. if of foreign | birth?yrs | mosds. |
| | 2. F | ULL NA | ME | Samue | l R. Sw | reenev | If U. S. Veteran, specify | WAR | |
| | | | | 80 E. | | | St., 4 Ward. X | | |
| | | (a) Nosidein | | | (Usual place | of abode) | | nonresident give city or town | n and State |
| | | PERSON | ALAN | ID STATISTI | CAL PARTI | CULARS | MEDICAL CERTIF | ICATE OF DEAT | Н |
| | 3. SEX | Male | | r or race | 5. SINGLE, MAR OR DIVORCE | RIED, WIDOWED, O (rupite the word) | 21. DATE OF DEATH Fel | · M | 193 6 (Year) |
| | 5a, If m | narriad, widow USBAND of | ed, or divo | orced | | | | , , , , , , , , , , , , , , , , , , , | 1, 301, |
| | (0 | r) WIFE of | I | Eliza Sw | reeney | | Oct. 20, 13 | to Tar I atte | |
| | | | | y, and yaar) Se | ntember | 28, 184 | | -/ | 36; daath Is said |
| certificate | 7. AGE | E OF BIRTH (| | y, and yaar) | Days | If LESS than | to have occurred on the data stated above, | × • 1× 1 | , daatii is said |
| ific | II AGE | 88 | | 4 | 20 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and re | | |
| ert | -10 | ormin, | | | | | ware apfollows: | N. Als. | Date of onset |
| of o | NO | 8. Trade, profession, or particular kind of work done, as SPINNER, Retired SAWYER, BOOKKEEPER, etc. | | | | | cemal a | | Oct. 193. |
| | | Industry or | husiness is | n subjek | | | Pride | fus- | 501.70 |
| back | 計 | SAW MIL | done, as: L, BANK, | SILK MILL, II | on Moul | der | | | |
| no | O 10. | . Date dacaasa | | rked et | 11. Total ti | ima (yaars) nt in this | Prilmous Ent | olises (melost | 2-17-3 |
| | 711 | | | | | pation | Other Contributory Causes of Importance: | | |
| 110 | 12. BIR | THPLACE (cit | y or town) | Chest | | | Janual My | Elastasia | 1-36 |
| instructions | | (Stata or cour | ntry) | | a. | | Jungs - osallo | e, class as | 4 |
| nst | BANK | . NAME | - | Wi | Iliam | Sweeney | and grown. | | |
| See | H 14. | BIRTHPLACE | (city or to | own) | Cheste | r. | Name of operation Rome | Date | of How |
| S | ш. | (State or | country) | | | Pa | What test confirmed diagnosis? | Joh Was ther | e an autopsy? Ko |
| nt. | 15. 16. | MAIDEN NA | ME | Cat | herine | Rome | 23. If death was due to external ceuses (VIO | LENCE) fill in also the following | lowing: |
| rta | 0 16. | BIRTHPLACE | (city or to | own) | Chesi | fer. | Accident, suicida, or homicide? | Date of injury | , 19 |
| important | Σ | (State or | country) | | | Pa | Where did injury occur? | | |
| very in | 17. INFORMANT Mrs. Charles W. Burger, (Address) Hagerstown, Md. | | | | | lurger | Spacify whether injury occurred in INDUS | city city or town, county and TRY, in HOME, or in PUBL | D PLACE. |
| A SI | 18. BUR | 18. BURIAL, CREMATION, OR REMOVAL | | | Manner of Injury | | | | |
| | | Place Chester, Pa. Data Feb. 20, 1936 | | | | 20, 1936 | Nature of injury | | |
| TION | 10 1101 | DEDTAVED | Pre | ed W. Kr | sico | | 24. Was disaasa og injury in any way relate | ed to occupation of dacaasa | 1200 |
| T | 13. 011 | (Address) | | gerstow | | · A | If so, spacify Dio | | |
| () | | ED 2 - | | 19366 | Tuffe | Bresser | (Signad) W. Horran | Je ager | |
| 1 | 20. FIL | ED. 0 | l, | 19-19-1 | 11. 1. 1. L | Registrar, | (Addrass) | 1 0 | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | il | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

IARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF | MARYLAND- | CERTIFICATE OF DEATH | 11 |
|---|--|--|--------------------------|
| 1. PLACE OF DEATH | | 49:0 50 | 33 |
| County Washington | <u> </u> | Registration Dist. No. | |
| Village or City Wageist | rwn | No. 1241 St., 1 death occurred in a horpital or institution, give its NAME instead of street and n | Ward |
| Length of residence in city or town where deeth | occurred 3 7 yrs mos | ds. How long in U.S. if of foreign birth?yrsmo | sds |
| 2. FULL NAME aline as | melia The | MICU.S. eteran specify WAR. | |
| (a) Residence: No. 13 LA | (Usual place of abode) | St., 5 Ward. If nonresident give city or town and | Stale |
| PERSONAL AND STATISTICA | L PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 1. SEX 4. COLOR OR RACE 5. S | SINGLE, MARRIED, WIDOWED, DE DEVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) | , 193 / (Year) |
| 5. If married, widowed, or divorced HUSBAND of | . 1 | | |
| (or) WIFE of allen 2 | homas | 22. HEREBY CERTIFY, That I attended | deceased from |
| C DATE OF BIRTH (month day and war) | 28-1873 | 1 last saw hard alive on Leby 4 1936 | .; deeth is sele |
| 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months | Days If LESS than | to have occurred on the date stated above, at 430 Pm. | , 00011110 3011 |
| 62 7 | d l day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | |
| 8. Trede, profession, or particular |)/ | were as ronows. | Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | one | Carcenous of overes | |
| 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | | sight. | 6 Mos |
| SAW MILL, BANK, etc | 11. Total time (years) | 7 | |
| this occupation (month and year) | spant In this | (Carcunamalo Sis) | |
| Patri | Louisa | Other Contributory Causes of Importence: | |
| (State or country) | id. | | |
| 11 13, NAME Sand | Moushall | | |
| 13. NAME 14. BIRTHPLACE (city or town) | | Name of operation Date of | |
| (Stete or country) | urun | What test confirmed diagnosis? Was there an a | u!opsy? |
| 15. MAIDEN NAME Savia | Litlow | 23. If death was due to external causes (VIOLENCE) fill In elso the following | |
| 15. MAIDEN NAME Savia 16. BIRTHPLACE (city or town) | h | Accident, suicide, or homicide? Date of injury | , 19 |
| (State or country) | Moun | Where did injury occur? | |
| 17. INFORMANT THE CADDRESS TO | Long ml | (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA | ACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | ate 74 15 1896 | Manner of injury | |
| 9- 47 Mi | | Nature of injury | |
| 19. UNDERTAKER ACTION (Address) | town ma | 24. Was disease or injury in any way related to occupetion of deceased? | |
| 20. FILED 2 - 5-, 193 B LONG | SAN ADECCE Registrar. | (Signed) M. D. Campber 22 C. (Address) Hasses town M | 701 - M. I |
| If more blank | | 1 1 | 5 |
| a) more oran | sur media, address signe Keepirar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | |

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| Arteriosclerosis MAR 6 1936 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | • | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| 面 | item of infor- | of OCCUPA- |
|-----------------------------|---|--|
| | -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. |
| FOR BINDING | S IS A PERMANEI stated EXACT | properly classified certificate. |
| IARGIN RESERVED FOR BINDING | ADING INK-THIS | CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate. |
| MARG | CY, WITH UNF | TH in plain terms |
| 1 | -WRITE PLAIN | CAUSE OF DEA |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | 46-601 |
| County Mapling ou | Registration Dist. No. 382 |
| Village or City The State Of City | No. 14 -01 Cannon Com. 3 Ward |
| Length of residence In city or town where death occurred 20_yrs, | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign blrth?mosds. |
| 2. FULL NAME Margarethyl | alkeren. S. Veteran, specify WAR |
| (a) Residence: No. 14 A. Cannon | Box 3 Ward. X |
| (Usuatplace of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. GQLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. | 21. DATE OF DEATH |
| OR DIVORCED (write the word) | Tet 6 193 6. |
| 5a. If merried, widowed, or divorced | (Month) (Day) (Yeer) |
| HUSBAND OF FRANKLE A Malker | 1935 to For 16 1986 |
| 6. DATE OF BIRTH (month, day, and year) Neby 4. 1879 | I last saw how alive on 181 15 1986; deeth is seld |
| 7. AGE Yeers Months Deys II LESS then | to heve occurred on the dete stated above, et |
| 56, 5 /2. 1dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were as follows: |
| 8. Trede, profession, or particular kind of work done, es SPINNER, | Date of onset |
| SAWYER, BODKKEEPER, etc | Carcanona Jines |
| work wes done, es SILK MILL, SAW MILL, BANK, etc. | P. A unitables |
| 10. Dete deceesed last worked et this occupetion (month and spent in this | Chimary Carcinanal of liver Cutton |
| yeer) occupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) Clark (Stete or country) | 19. |
| | man alcoholic |
| E // Land | Neme of operation. Dete of |
| 14. PRTHPLACE (city of town) (State or country) | Whet test confirmed diegnosis? Was there an eutopsy? |
| 15. MAIDEN NAME Tannal Cherma | If deeth wes due to externel causes (VIOL ENCE) fill In elso the following: |
| 15. MAIDEN NAME Annaly (State or counter of | Accident, suicide, or homicide? Date of injury, 19 |
| State or country | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMAN (Address) | Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, DR REMODAL | Manner of Injury |
| Plece remarked Date to 18, 1906 | Nature of injury |
| 19. UNDERTAKER TIES ALL TRACES | 24. Was disease or injury in any way related to occupetion of deceesed? |
| (Address) / rightshawy Ma | If so, specify |
| 20. FILED 2-18-, 1536 Jokas At Down | (Signed) M. D. M. D. |
| Registrar. | (Address) |

V. S. No. 1

m

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

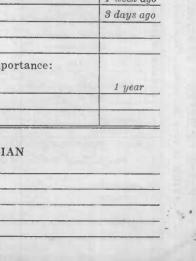
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|--|---------------|--|---------------|
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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| PAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL. | SPACE FO | REHER | STATEMENTS | RY | PHYSICIAN |
|-------------|----------|----------|----------------|----|-----------|
| ADDITIONAL | STACE PU | LIUNINER | OTATIMETIME TO | DI | THISICIAN |



STATE OF MARYLAND—CERTIFICATE OF DEATH

4168

| | info sta UP | 1. PLACE OF DEATH | 93-0 |
|----------------|---|--|---|
| M) | occupant of | county (Vash; nator) | Registration Dist. No. 30 2 |
| | should of OCC | Village or City Security | No. St., Ward |
| | = 0 | | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds. |
| | Ever CIAN emen | 2. FULL NAME Mary E. Welch. | If JJ. S. Veteran, specify WAR |
| | vD. Every YSICIANS statement | (a) Residence: No. Sec. (x:X) | St., Ward. |
| | | PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| | RECO . PH Exact | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| 75 | 4.7 | Femule VVh: Ye OR DIVORCED (write the word) | (Month) (Day) (Year) |
| BINDING | A | 5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY. That I attanded deceased from |
| FOR BIN | IS A PERI stated EX properly cl | 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. | I lest saw head aliva on II & 20, 1936; death is said to have occurred on the date stated above, at |
| GD | HIS be be of | SAWYER, BDDKKEEPER, etc | Coheaper Commence 75629 |
| RV. | NK-T should it may n back | 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. | 13 |
| ARGIN RESERVED | INE sh t it | 10. Date decased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation occupati | |
| IN R | DIP So so | 12. BIRTHPLACE (city or town) Ohio Pyle. (State or country) | Other Contributory Canses of importance: |
| RG | UNFA supplied n terms, ee instru | | Grown Myocardon 123 |
| IA | U Sup | 13. NAME May tin Williams. 14. BIRTHPLACE (city or town) M: M. Ruu. | Name of operation Date of |
| | Effa. | (State of country) | 'What test confirmed diagnosis? Was there an autopsy? |
| | W refu in | 15. MAIDEN NAME He ster 2 maller 16. BIRTHPLACE (city or town) Ohio Pyler (Stete or country) | 23. If daath wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? |
| | | 17. INFORMANT Saul K. Welch. (Addrass) Security K. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| | E 0 0 | Place Tagers Town Well Date July 24, 136. | Mannar of injury |
| S. No. 1 | Mation CAUSE | 19. UNDERTAKER AND GOVERNOUS TO | 24. Was disease or injury in any way related to occupation of decaesad? |
| V. S. 7 | ż | 20. FILED Zo 21-, 19 36 Most Hooc Registrar. | (Signed) Hagers town md M.D. |
| 11.6 | cuep bel | If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | - 10 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis MAN 6 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage S. | July 5,1927 | Peritonitis | 3 days ago |
| h manual V | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

W.S. No. 1

TION is very important. See instructions on back of certificate.

7. PHYSICIANS should state Exact statement of OCCUPA-

| STATE OF | MARYLAND- | CERTIFICATE | OF | DEATH | 2163 |
|----------|-----------|-------------|----|-------|------|
|----------|-----------|-------------|----|-------|------|

| County Washington Registration Dist. No. 302 | |
|--|-----------|
| Village or City Had all'stown No. 118 VV Fronklin - St., 5 | Ward |
| (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred | da |
| // · · · · · · · · · · · · · · · · · · | us, |
| 2. FULL NAME VIV918 III U.S. Veteran, specify WAR | • |
| (a) Residence: No. (Usual place of abode) St., Ward. | |
| PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH | _ |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH | |
| Female VV hite OR DIVORCED (write the word) (Month) (Oev) (Yes | · · · · · |
| 5a. If married, widowed, or divorced | _ |
| (or) WIFE of Harring F. | _ |
| 0 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than to heve occurred on the dete stated above, at | 12 241G |
| 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| 8 Trada profession or particular | onsst |
| kind of work done, as SPINNER, Housewolf. SAWYER, BOOKKEEPER, etc. S. Industry or business in which | 92 |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spent in this | |
| this occupation (month end occupation occupation occupation occupation occupation | |
| Other Ceatribeary Causes of importence: | |
| 12. BIRTHPLACE (city or town) (Stete or country) | |
| E 13. NAME Martin A Hose. | |
| 13. NAME Maytin A Hose. 14. BIRTHPLACE (city or town) Clears pring Name of operation. Oate of Oate o | |
| (State or country) What test confirmed diagnosis? Was there an eutopsy? | |
| | |
| 15. MAIOEN NAME NO Lie Vache 2 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? | |
| Where did injury occur? | |
| (Specify city or town, county and State) 17. INFORMANT THY Hary F. VV: 11: questions Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. | |
| (Address) Hager/stown, lub. | |
| 18. BURIAL, CREMATION, OR REMOVAL Manner of injury | |
| Plece ta acres aun www oatesely 20, 1936 Nature of injury | |
| 19. UNDERTAKER 14.15 CON 24. Was disease or injury in any way related to occupation of deceased | |
| (Address) Hadly stolm that If so, specify | |
| 20. FILED 2 - (8 - , 1936 Charles our (Signed) | .M. D. |
| Registrar. (Address) | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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| Example 1 | | | Example II | | |
|--|-----------------------|-------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | | | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | tions of the same had | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nep | hritis 1936 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | MAR 0 1990 | July 5,1927 | Peritonitis | 3 days ago | |
| | SUNEAU V. S. | | | | |
| Other contributory | auses of importance: | | Other contributory causes of importance: | | |
| Gallstones | NUMBER OF STREET | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

| ADDITIONAL | CDACE | DOD | BILLDOUTED | CON A ONTO REPORT OF | 10.37 | DITTICITATI |
|------------|-------|-----|------------|----------------------|-------|-------------|
| ADDITIONAL | SPACE | FUK | FURTHER | STATEMENTS | BI | PHISICIAN |

OCCUPA-

1. PLACE OF DEATH

Village or City Hager Ctown

| (a) Residence: No. 329 Mitchel and | If U.S. Veteran specify WAR. Ward. If nonresident give city or town and Ste |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCEO (nurice the word) Make | 21. DATE OF DEATH 7 13 (Month) (Oay) |
| 59. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. ormin. 18. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) (Stete or country) (Stete or country) | 22. I HEREBY CERTIFY That I ettended dec 19/20, to 19/20, to 19/20, to 19/20, to 19/20, to 19/20, to have occurred on the date stated above, et 2.2 Q.m. The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: Other Coutributory Causes of Importance: Name of operation Oate of |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Address 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILEO 2. 192 (Registrat. | What test confirmed diagnosis? |
| | (a) Residence: No. 329 Musched (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCEO (purite the word) Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 18. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc |

STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) ident give city or town and State ATE OF DEATH I F Y That I ettended deceased from Jul 13 1830 2~ 36 19 ; death is said 35 Q.m. causes of importence Oate of onset

> Oate of ----- Wes there an autopsy?____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | 1-11-1 | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis 1036 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| SOMEAU V S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | 1 | | |

MARGIN RESERVED FOR BINDING TH UNFADING INK—THIS IS A PERMANENT

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAbe properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may

| STATE OF MADVI AND. | CERTIFICATE OF DEATH | | | |
|---|--|--|--|--|
| STATE OF MARYLAND—CERTIFICATE OF DEATH | | | | |
| County Washington | Registration Dist. No. 3 0 2 | | | |
| Village or City Haglerslage | No. 226 N. Potomas St. 4 Ward | | | |
| hel - (If | death occurred in a hospital or institution, give its NAME instead of street and number) | | | |
| Length of residence in city or town where death occurredmos | ds. How long in U.S. if of foreign birth?yrsmosds. | | | |
| 2. FULL NAME Susan | If U. S. Veteran, specify WAR | | | |
| (a) Residence: No. 226 // V Potomate (Usual place of abode) | St., Ward. If nonresident give city or town and State | | | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. | 21. DATE OF DEATH | | | |
| female white OR DIVORCED (write the word) | (Month) (De (Year) | | | |
| 5a. If maceled, widowed, or diverced HUSBAND of | 22. I HEREBY CERTIFY. That I attended deceased from | | | |
| (or) WIFE of William K. Wolfe | 1031, to Felin 29, 19 21 | | | |
| 6. DATE OF BIRTH (month, day, and year) Dec 22-1856 | last saw h alive on | | | |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 12.30.1m. | | | |
| 79 2 4 I day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | | | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc | A formation of the second of t | | | |
| SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, | July Laboration | | | |
| SAW MILL, BANK, etc. | a varia value | | | |
| 10. Date deceased last worked at this occupation (month and spentin this | | | | |
| year) occupation | Other Coutributery Causes of Importance: | | | |
| 12. BIRTHPLACE (city or town) (State or country) | Oclema for | | | |
| 13. NAME Ashu House | | | | |
| 14, BIRTHPLACE (city or town) | Name of operation Date of | | | |
| (State or country) | What test confirmed diagnosis? | | | |
| 15. MAIDEN NAME Henrietta Coffman | 23. If deeth was due to external causes (VIOLENCE) fill in also the following: | | | |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 | | | |
| (State or country) | Where did injury occur? (Specify city or town, county and State) | | | |
| 17. INFORMANT CARLES AND CONTROL (Address) | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury | | | |
| Place PP amor Olimbate / 1936 | Neture of injury | | | |
| 19. UNDERTAKER & M. Suter Love. 1 | 24. Was disease or injury in any way related to occupetion of deceased? | | | |
| (Address) Lagery Joseph Md | If so, specify | | | |
| 20. FILED 2 - 38-, 1936 MMAH 13 ocues | (Signed) (Signed) August M. D. | | | |
| Registrar. | (Address) | | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Es | cample I | | Example II | |
|--|----------------|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | \$115 p. 1808 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | Mittel () Toon | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | 4 4 7 7 | July 5, 1927 | Peritonitis | 3 days ago |
| | | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER | STATEMENTS | BY | PHYSICIA: | N |
|------------------------------|------------|----|-----------|---|
|------------------------------|------------|----|-----------|---|

properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of mation should be carefully supplied. -WRITE PLA

STATE OF MARYI AND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 97 | |
|--|---|--|-----------------|
| County Washin | glon | Registration Dist. No. | 300 |
| Village or City Mark | gansville | No | Ward |
| Length of residence in city or town where | | f death occurred in a hospital or institution, give its NAME instead of street at sds. How long in U.S. if of foreign birth?yrs | |
| 2. FULL NAME 6 Karles | I Wolfens | Legelf W. S. Veteran, specify WAR | |
| (a) Residence: No. 777 | (Usual place of abode) | St., Ward. If nonresident give city or town is | and State |
| PERSONAL AND STATIS | TICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| male 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Dev) | , 193 |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cermie C. | Wolhensberger | (Month) (Dey) 22. I HEREBY CERTIFY, That t attend | (Year) |
| (or) will be appropriate to | | 6-1-76,19,10 2-17- | 19.06 |
| 6. DATE OF BIRTH (month, day, and year) | eb. 12-1861 | l lest sawhzen alive on | ; death Is said |
| 7. AGE Years Months | Days If LESS than | to have occurred on the date steted above, et | |
| 75 0 | 2 I day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | 1 |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Farmer | | Date of onset |
| 9. Industry or business in which | | The same of the sa | 10 700. |
| work wes done, as SILK MILL, SAW MILL, BANK, etc | | | |
| 10. Date deceased lest worked at this occupation (month and | 11. Total time (years) spent in this | frankers. | 2 month |
| yeer) | occupation | Other Coutributory Causes of Importance: | |
| 12. BIRTHPLACE (city or town)(Stete or country) | tausland | - | |
| 0.4 | ullela dice | | |
| 13. NAME Seorge 14. BIRTHPLACE (city or town) | n organizately | P C | |
| 4. BIRTHPLACE (city or town) | mad. | Name of operation Date of | f |
| (State of country) | rrea. | What test confirmed diagnosis? Was there a | n autopsy? |
| 15. MAIDEN NAME Magda 16. BIRTHPLACE (city or town) | kent dum | 23. If death was due to external causes (VIOLENCE) fill in also the follow | ving: |
| 0 16. BIRTHPLACE (city or town) | -7,9-9 | Accident, suicide, or homicide? Date of injury | ,19 |
| ≤ (Stete or country) | "VLOY | Where did injury occur? | |
| 17. INFORMANT MILE. (Address) | Wolfensberg | (Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC | PLACE. |
| 18. BURIAL, CREMATION OR REMOVAL | 11 2/10 | Manner of injury | |
| Plece & alem Kef. | M. Date / / 8 , 19 3 (| Neture of injury | |
| 19. UNDERTAKER &- M. S | uter of ons | 24. Was disease or injury in any wey related to occupation of deceased?. | w |
| (Address) Haye | A bought med | If so, specify | |
| 20. FILED 2 - 18- 1936 | May no see es | (Signed) | M. D. |
| | Registrar. | (Address) | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis 2 1930 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| SUNFAU Y. | السا | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
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